V S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Fredwick	CERTIFICATE OF DEATH
	Registration Dist. No. 136
Village or City Januarle- (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH Jels-23, 1931. 2. (Month) 3. (Day) 1931. (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from 193 . to kel 13
90 yrs. // mos. 22 ds. or	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	7011820110 - J. 2000
business, or establishment in which employed or (employer)	Contributory
(State or country) Frederick Co-Marylan 10 NAME OF FATHER Charles Hundry	(Signed) Edward D. Hurly M. D.
OF FATHER LEST Vuginie (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Cleanora Burger 13 BIRTHPLACE OF MOTHER (State or Country) Frederick Country.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Information Maggie Relation	Former or usual residence. 19 PLACE OF BURIAL DR REMOVAL OF DATE OF BURIAL
(Address) Jameville Mg 15 Filed Leb 24 1931 4 O. Hudsel	20 UNDERTAKER ADDRESS
Registr	gistrar, 16 W. Saratoga St., Balto., Leguesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e:ch and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definity alary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on especially in industrial employments, it is necesralary), may be entered as Housewife, House-or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondar/ or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular Always qualify all heart not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z 8

PLACE OF DEATH	OTSUS STATE OF MARYLAND
County Freducts	CERTIFICATE OF DEATH
0	Registration Dist. No. 141.
Village or City Orusoull (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME it.
2FULL NAME & Tomas Yours.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) 5 (Day) 3 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Manalive on File (4 , 1923).
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, am. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	autz franchilis
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D. 1925 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Unstream of deathyrsmosds. Unstream of deathyrsmosds. Where was diaease contracted,
(Informant)	if not at place of death?
(Address) Brenswich MX. Filed 71/1 1921 Mrs. AS. Balle. Registrar	20 PRIORITAKER ADDRESS
If more banks are needed, address State Registrar	, 16 W. Saratoga/St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Staroment of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (10 or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhou schold only (not paid Housekeepers who receive a Housemaid, etc. Foreman, For many occupations a especially in industrial employments, it is neces-O. yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) If the occupation has been changed Automobile factory. The material single word or term on 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" spinal meningitis"; Diphtheria (avoid use of "Croup";
Typhoid fever (never report "Typhoid Pneumonia");
The meaning Pronchemental ("Pneumonia"); to time and causation), using always the same accept-ed term for the same disease. Examples: Cerebrospinul EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disfever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough; Chronic etc. valvular heart Nomenclature The contributory not be disease;

permanently filed. anguered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

00 >

ot	PLACE OF DEATH	01809 STATE OF MARYLAND
M X	County Frederick within the Corporate	CERTIFICATE OF DEATH
Ö	and and William	Registration Dist. No./3/
classifle	Village or City Frederick (No. 34 2FULL NAME James R. and	2 Park are St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
erly		MEDICAL CERTIFICATE OF DEATH
rop	PERSONAL AND STATISTICAL PARTICULARS	
ly be p	male white Single, WARRIED, WIDOWED, OR DIVORCED (Write the word) window	Month) (Day) (Year)
me n b	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
s o	nov. 3, 1836	Februs 1921., 1921.,
ion	(Month) (Day) (Year)	that I last saw h Malive on 192, 192,
so 1	7 AGE II LESS than I day hrs.	
19 Str	94 yrs. 3 mos. 13 ds. or min.	Brascluti developines
plain tern	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Myocardea Character Clearer Character (Duration) Q yrs. Q mos. 10 de.
are orta	which employed or (employer)	Contributory
ATH mpo	9 BIRTHPLACE (State or country)	Secondary (Duration J. yrs
Very i	10 NAME OF Pur. Braddock Heigh	(Signed) (Address) Fred MA. D.
AUSE C	OF FATHER (State or country) Jalvert anderson	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AT	of Mother Sarah Piage	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
etate ccu?	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
100 ±	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea h?
Pry Item	(Informant) Bettie Anderson (Address) 342 Park are Fred	St Mark Cometered Feb. 19, 1931
BEv	Filed If Fely 19/ Sa McCuelly Registras If more banks are needed, addres & Jake Registras	H. M. Snyder Fort any Me
7	If more hanks are needed, address Late Registra	.,

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

s, inal meningitis"); Dinhlheria (avoid use of "Croup to time and causation), using always the same accept-ed term for the same dise-se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic ccrebro" pneumonia, Bronchopueumonia ("Pneumonia,

> American Medical Association.) Recommendations on statement of cause of death st_ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Haemorrhage," atie), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); (name origin; "Caneer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," eausing death), 29 ds.; Bronchopncumonia (seeondary), Chronic interstitial nephritis, approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," tions, such as "Asthenia," "Anaemia" (merely symptom-(seeondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic etc. The contributory affection valvular heart Nomenclature need disease; Measles; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

m

ż

1PLACE	OF	DEATH
County 7	re	denelo

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. / 3 4
Village or City burntsling (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Delta & ask	langh number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fence white Single, Married, Widowed, OR DIVORCED (Write the word)	Jeby nt (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last law her alive on Jeby 24 1921.
7 AGE . If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
6 dyrs. mos. d 5 ds. or min.?	
(a) Trade, profession or particular kind of work	(Doud whon amount)
(b) General nature of industry business, or establishment in which employed or (employer)	Contributor Chronis Interstitial Nephritis
9 BIRTHPLACE (State or country) Wanford	Secondary Dyfation 2 yts. mos. ds.
FATHER Leonge J. Gelinetes	(signed) Proofe & Jameson M. D. Jeby 25 1931 (Address) Emmiteberg, ms.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Wany B. Gelineles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State 62 yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	if not at place of death?
(Informant) IS. m. ashlongh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) furnithing red	Fruitsling red Fely 27, 19 31
15 Filed Feb 26 1931 M. F. Shuff	20 UNDERTAKER APDRESS /

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Campasilar, Architect, Locamotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Spinner, Civil engineer, laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwark, or At Hame, and children, not gainfully employed, as At school, or At hame. Care should be taken definite salary), may be entered as Housewife, Hauseen at home, who are engaged in the duties of the fired 6 -yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enhousehold only (not paid Housekcepers who receive a or given up on account of the DISEASE CAUSING DEATH. whatever, write None. business, that fact may be indicated thus; Furmer (re-Fareman, For many occupations a single word or term on (b) Catton mill; (a) without more precise specification as Day (d) Stationary fireman, etc. But in many If the occupation has been changed Autamobile factory. The material Salesman. (b)

Statement of Cause of Death—Name, first, the Distance CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid Jever (never report "Typhoid Pneumonia"); Labar pneumonia, Branchapneumonia ("Pneumonia");

inges, peritonaeum, etc., Carcinama, Sarcama, etc., of unqualified, is indefinite); Tuberculasis of lungs, menstated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need "PUERPERAL septicuennia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping diseases can be ascertained as the cause. Always qualify all State cause for which surgical operation was underaecident; Revolver wound of head-hamicide; Paisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-prabably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronicetc. The contributory valvular heart disease ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

certificate:	Village or City Lew Market, (No. 2FULL NAME Harriet Catharine	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38 St.: Ward) Baker: Baker: STATE OF MARYLAND (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ממנא מ	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWCED OR DIVORCED (Write the word)	16 DATE OF DEATH 7 20. 7th, 193/ (Month) (Day) (Year)
0 6110	Month) (Day) (Year)	17 JI HEREBY CERTIFY, That I attended the deceased from Jan 2 192 to Feb. 7th, 192 / that I last saw her allve on Feb 4th, 192 /
	7 AGE If LESS than day hrs. day hrs. or min.	and that death occurred on the date stated above, at 6 P. m The CAUSE OF DEATH & was as follows: Broucher generations
The state of the s	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) O yre O mos (O de
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER Walkington Pool 11 BIRTHPLACE OF FATHER NO FATHER	(Signed) Ernet P. Rowb M. D. Tesh 7 1931 (Address) Mew Market - Md,
	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place of death yrs mos ds. State yrs mos ds Where was disease contracted,
	(Informations On M. Brandenburg Saughte (Address) franchtisch MAI File Feb 8 1931 Lucian 7. Falconer Registrat	if not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL 2 9 , 193/ 20 UNDERTAKER ADDRESS
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, us Al school, or Al home. Care should be taken fired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons en-Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But, in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day mill; (a) Salesman, not gainfully em-(6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup")
Tunhoid fever (never report "Typhoid Pueumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospona to time and causation), using always the same accept-EALS CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumohia ("Pneumonia,

> approved by Committee on telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Mcdical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mcre symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stricted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular etc. The contributory Nomenclature Always qualify all heart disease;

I duth is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

	PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
	+ 1 1 + -	Registration Dist. No.
	Village or City State Sangelown	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	2FULL NAME Charles W.	Yournes stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Married, Midowed, OR DIVORCED (Write the word)	16 DATE OF DEATH FLD 9, 19#31 (Month) (Day) (Year)
	8 DATE OF BIRTH 28, 1900 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Jeb 7 1983 1, to Jeb 9 , 1983 1 that I last saw ham alive on Jeb 9 , 1983 1
۸	7 AGE 3 0 yra. 2 mos. lf LESS than 1 day hra. or min.?	and that death occurred on the date stated above, at 9:45 P.m. The CAUSE OF DEATH * was as follows:
-	a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Milral Regurgelation
	business, or establishment in which employed or (employer)	Contributory Whenary Tuberculoris Secondary
	(State or country) Maryland, 10 NAME OF FATHER Charles Barnes	(Signed) devart fraffer M. D.
	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Mary M. Memus 13 BIRTHPLACE OF MOTHER (State or Country) Tumberg, Gurmany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, In the Lifetime ds.
	(Informant) A. A. Soudher	if not at place of death? Former or usual residence L. Charles College Catonsviles
	(Address) State Sanfatorum ind.	Baltimore nd mhowing
	Filed 79/3/ 192 Registrar	M. L. Clager Thurmon
	If more blanks are needed, address State Régistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never rcturn "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury; accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage Committee on Chronic etc. The contributory affection need not be valvular heart Nomenclature Measles; disease; etc., or of the

If this certificate is looked over thoroughly and all questions answered in death, is death as essential, and must be chained before the certificate is permanently filed.

FIB 16 1931 BURLAU V. A.

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
Village or City State San Reatorum	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME Fred & B	ellnam stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jeb 13, 19831
6 DATE OF BIRTH (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 19230 to Feb (3, 1923) that I last saw h Malive on Feb (3, 1923)
7 AGE 5 byrs. 3 mos. 0 ds. or min.2	
(a) Trade, profession or Walt watchman	I ulmonary subtractors
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Whalous Laryngths Secondary
(State or country) Wary and. 10 NAME OF FATHER Trederick Bellman 11 BIRTHPLACE	(Signed Lewort & Charles M. D. Feb) 3 19831 (Address) tale Sanatorum M.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Parrington 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country) OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. 3 mos 29 ds. In the State Line ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or 301/84 d Ama At Boots Ma
(Address) State Jangsoum mg. (Filed) 192 Registrar	19 PLACE OF BURIAL OR REMOVAL Baltimore 20 UNDERTAKER ADDRESS Thurmont
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. laborer, worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Locomotive engineer, (%) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashual fever (the only definite synonym is "Epidemic cerebrashinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL. OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, mencause for which surgical operation was under-Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as " "Marasmus," "Old Age," "Shock," Committee on Nomenclature Chronic Careinoma, Sareoma, etc., of etc. valvular heart disease; The contributory ," "Convulsions, Measles ; of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDI

FOR

MARGIN RESERVED

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County are develo	CERTIFICATE OF DEATH
	Registration Dist, No. / 2/
m T. 11. +0	
Village or City Moulevel Thospetal	St: Ward) a hospital or institu-
Q. D	tion, give its NAME in- stead of street and
2FULL NAME The ge Srume	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
MARRIED. WIDOWED. Married	Seb 20, 193
Male Write the word)	(Month)(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Unknown 1	1981. to 200 , 1925 ,
(Month) (Day) (Year)	that I last saw humalive on del 7, 193,
7 AGE If LESS than	and that death occurred on the date stated above, at 8
I day hrs.	The CAUSE OF DEATH * was as follows:
OCCUPATION mosds. ormin.?	h
(a) Trade, profession or	paracycan
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs. mos ds.
Jwhich employed or (employer)	Contributory Certiro - Selevocio
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF IMPROVED STATES	(Duration) yrs mos da.
FATHER ATTION	(Signed) M. D.
O 11 BIRTHPLACE	July 20192 3 (Address) The lively 4d
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME March Safter	Accidental, Suicidal or Homicidal.
of Mother whom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country)	of deathyrsmosds. State / D. yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Where was disease contracted, if not at place of death?
0001	Former or usual residence Poulsittsville md. Full
(Informant) James. a. Jones Sup.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Montever Graph, Jud & My	12 bitte aille had 22 Dele 21
0 11	20 UNDERTAKED ADDRESS
Filed 21 - Fely 1981' Da meluly	CTILL GO - 1 100 Mario alter
Registrar	. 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.
If more branks are needed, address State Registrar	. 10 W. Saratoga St., Daito., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer Housemund, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, Or. For many occupations a single word or term on yrs). Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The Laborer--Coal mine, etc. Womperson, irrespective of (b) material Grocery,

Statement of Cause of Death—Name, first the Dis-EASE CAUSING DEATH (the primary affection with respect to to time and causation), using always the same accepted term for the same disease. Examples: Cerebros vinules fever (the only definite synonym is "Epidemia cerebro"; spinal meningitis"); Diphtheria avoid use of "Cropp"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopncumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease approved as fracture of skull, earbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcomu, etc., of name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomendature "Heart failure," "Haemorrhage," Chronic and consequences (e.g., sepsis, affection need not be etc. The contributory valvular heart Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Frederich Within the Colp	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2/=
VIII or City Frederich (No. Frederic 2FULL NAME algis Burclette	a nospitat or institution
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Which (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Sub. 10 1931, to Sub. 10 1931, that I last saw hamalive on Sub. 10 1931,
7 AGE If LESS than day hrs. day hrs. or min.	The CAUSE OF DEATH * was as follows: Freche of Skull
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 4 hys.
(State or country) Monsgromery lo 10 NAME OF FATHER Value B. Burden	(Signed) Frank and Vorthungton M.D. Lib. 10 192/ (Address) Frederick - had.
(State or country) Montypuncy Co. 12 MAIDEN NAME OF MOTHER CINISTRALIA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) (Callinguage). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death wrs mos. 4 have In the State was disease contracted, if not at place of death?
(Informant) Tocaspital Rocard (Address) Fredrick and	Former or usual residence Sounds Mularyland 19 PLACE OF BURIAL OF REMOVAL SATE OF BURIAL 2, 1931
Filed 10-February 1921 Ira Welcucky Registrar	Hames hugher Rufielle
If more blanks are needed, address ttate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. (b). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed as Al school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deallaborer, Foreman, For many occupations a single word or term on yr8). Farm laborer, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Laborer--Coal mine, etc. Grocery; Womfrom

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinel EA. 3 CAUSING DEATH (the primary affection with respect Striement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> (1) (Recommendations on statement of cause of American Medical Association. approved by felulus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Taemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VICLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Committee on Nomenclature Chronic valvular heart disease Example: Measles (disease etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

N. B.

- 11		01816
	PLACE OF DEATH	STATE OF MARYLAND
	County Friderick Within the Corn	(/22-0)
-	County Miderick Within the Corpo	Take Human
	7 1 1 7 1 1	Registration Dist. No./2/=
	Village or City Trederick (No. rederic	City Hospitast: Ward a hospital or institu-
1	The Cathen	tion, give its NAME it-
	2FULL NAME Mrs & m ma) V ulld number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED 1	16 DATE OF DEATH
	Remale While (Wite the word)	J'eb. 10, 1921
		(Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That tattended the deceased from
	/ 29 , 186/	4 10 14 71
	(Month) (Bay) (Year)	that I last saw h Malive on U Ut. 10 , 192 ,
	7 AGE If LESS than I day	and that death occurred on the date stated above, at
	69 yrs. 2 mos. 2/ds. or min.?	The CAUSE OF DEATH * was as follows:
100	8 OCCUPATION	Alrangulated herma
7	(a) Trade, profession or particular kind of work	J. J.
	(b) General nature of industry	Jamos St.
1	business, or establishment in which employed or (employer)	(Durgion) X vy X mos J de.
7	9 BIRTHPLACE	Contributory Operation, Short
	(State or country)	Q (Duration) X yrs X Imos / de.
	10 NAME OF	(Signed). M. Amerik M. D.
	FATHER Unknown	J'el 16 1923! (Address) FIREderich md
	OF FATHER	*State the Disease Causing Death, or, in deaths from
	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ienta or Recent Residents)
	OF MOTHER MA	At place of death yrs mos. 3 ds. la the State mos ds.
	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, I full first at place of death?
	11 B H	Former or
	(Informant) Momas Vouls	usual residence
	339 S Mark toll The oleush Md	11/ 3/1/1/1/1/1/20113
	Address	Johns, Redericy My 2/12, 193/
	Filed / - telenay 1981 dra. 1. Luckusly	20 UNDERTAKER ADDRESS
	Registrar	pany (Carry Acoleros Mg
	If more banks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or For many occupations a single word or term on yrs). Farm laborer, At Home, and children, without more precise specification as Day of Occupation-Precise statement of oc-(b) For persons If the occupation has been changed Automobile factory. The material Laborerwho have no occupation -Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the Dia-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

Races.

("Phenmonia

Recommendations on statement of cause of approved by Committee on Nomenclature telunus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus, UI Age, "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitual nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Cona," "Convulsions, dlity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," peritonaeum, etc., Never report mere symptoms or terminal condicough; Chronic Carcinoma, Sarcoma, etc., of valvular heart etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

within the Corporate Hintes

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME 11 stead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) (Year) (Year) I HEREBY CERTIFY. That I attended the deceased from 192 . to (Duration)

the Disease Causing Death, or. in Causes, state (1) Means of Injury and (2) Whether

Hospitals, Institutions, Trans-In the

State ...

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know \cdot (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. us Al school, or Al home. Care should be taken work, or At Home, and children, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician. first line will be sufficient, e.g., Farmer or Planter Foreman, For many occupations a single word or term on Farm laborer, Loborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-Locomolive not gainfully em-(6) engineer, Grocery;

> stited unless important. Example: Measles (disease diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," eausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles (name origin; "Caneer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptom-(seeondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia, "" "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

* more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto,. Requesting

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer Westate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as it echool or it home. Care should be taken work, or At definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer. Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Poreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Civil engineer, Stationary fremen, etc. But in many Physician, Compositor. Architect, Locomotive engineer, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The ques cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day Home, and children, not gainfully em--Coal mine, etc. Wom-

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic carefus, spinal meningitis"); Diphtheria (avoid use of "Chaup"); Typhoid fever (never report "Typhoid pneumonia").

quenees (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all conditions, such as "Asthenia," head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of(name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, State cause for which surgical operation was under-"Puenderal septicarmia," "Puenderal peritonitis," "Uraemia," "Weakness," etc., when andefinite disease vulsions." eausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Nomenclature of the American Medical Association.) FOI VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senife," etc.), Chronic valvular heart discuse; (Recommendations on state-"Anaemia" (merely The ua-(second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	7	PHY d. Ex
•	WRITE PLANLY, WITH UNFADING INKTHIS IS A PERMAKENT RECORD	SEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Existenent of OCCUPATION is very important. See instructions on pack of certificate.
(3)	WE	be l
SIND	PERMA	should it may
K	A	CE
FO	SIS	d. A
MARGIN RESERVED FOR BINDING	IKTHIS	supplier in terms
RESI	GIN	sfully n pla
Z	DIN	THI
ARG	NFA	DEA
M	HU	houl
	WIT	On S
1		matile C/
(Z	etat
	PI	of
	SITE	sho
	WF	ANS atem
		E. C.
-	-	00

6	30t	PLACE OF DEATH	01819 STATE OF MARYLAND
(100)	HYSI- Exact	County Indexicit	CERTIFICATE OF DEATH
	Δ.	County	(89-0)
	FLY, sified	W Sand	Registration Dist. No. / DO
9	45 (D e)	Village or City New London (No.	St: Ward) (If death occurred in a hospital or institu-
CORD	XAC class sate.	on on Carl	tion, give its NAME is stead of street and
THOUSE OF	E V	2FULL NAME // WY	number.)
4	tated EXAC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E Z	0 0 0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH Ful. 26 1981
a E	ay be	Timale WIDOWED OR DIVORCED (Write the word)	4.000000000000000000000000000000000000
Z ₹	ould may n ba	6 DATE OF BIRTH	(Month) (Day) (Year) 17 \(\rightarrow\), I HEREBY CERTIFY, That attended the deceased from
BINI	eh it	Selst- 19 1884	File, 23 1031. to Feb 26 , 1961,
Y 4	w w	(Month) (Day) (Year)	that I last saw han alive on Feb. 25 , 1931,
SIS	A	7 AGE [If LESS than	and that death occurred on the date stated above, at
SI	s s stru	l dayhrs.	The CAUSE OF DEATH * was as follows:
/ED	lg F L	B OCCUPATION	0.1011-
2	sup n tel	(a) Trade, profession or	Crebral deptomening des
SEF		particular kind of work workselfer (b) General nature of industry	Geosubly caused Inone medale Evil
	efully in pla tant.	husiness, or establishment in which employed or (employer)	ufretions (Duration) yes mos 4 ds
7 2	H i	9 BIRTHPLACE	Contributory
MARGIN RE UNFADING	be caref EATH in importa	(State or country) Mandand	Secondary (Duration) vrsmosds.
A A	F DE	10 NAME OF ONL JOIN	(Signed) Ory B. Arow M. D.
H L	Pour S ve	FATHER albert Cashowr'	File 24 1931 (Address) Riberty Foron
II	S N	OF FATHER (State or country)	
×	AN	m - The trace of	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	For	of MOTHER Ida. To Butt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Š	f inform d state OCCUPA	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
P		14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
TE	shoul ent ôf	& 10 D Brother	Former or usual residence
WRITE	s s ner	(Informant) Querett Cashour,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3	Every item CIANS sho statement	(Address) New Masket RFD No.	frenteal Connettors 2-28 1031
H .	Sta	15 4 190 214 . 24 1	20 UNDERTAKER ADDRESS
o'X	m	Filed 110 8 192/ Lucian A Comme. Registrar	WE Falconer, New Market Mid.
×.	ż	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Village or City (If death occurred in Ward) a hospital cr institution, give Its NAME in-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX MARRIED WIDOWED. back OR DIVORCED (Month)-(Day) Write the word) That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) and that death occured on the date stated above, at ... 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: terms 8 OCCUPATION ERV (a) Trade, profession or particular kind of work plai (b) General nature of industry Important. business, or establishment in which employed cr (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 0 10 NAME OF RENTS CAUSE OF FATHER *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER ... yrs...... mos. ds. (State or country) Where was disease contracted, houl of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?. CIANS short statement of usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 15 Registra If more beanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

RESI

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," et ., wie leborer, sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im oriant, to that the relative health tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton will; (a) Sclesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," Manager." "Dealshould be used only when needed. As e-amples: a additional line is provided for the latter statement; if nature of the business or industry, and therefore an the first line will be sufficient, e. g.. Farmer or Plonter, Statement of Occupation-Precise statement of ocstate occupation at beginning efillness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, or given up on account of the DISSA: E CAUSING DRAIN. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enengineer, Stationary freman, etc. For many occupations a single word or term on especially in incustrial employments, it is neceswithout more precise specification as Day Laborer-Coil mine, etc Locomotive engineer, But in Wom-

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebios panal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e. g., sepwis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL scplicacmia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinomu, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. diseases "Inanition," "Marasmus," "Old Age," "Shock," (secondary Examples: Aceidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as interstitial nephritis, by Committee on Nomenclature cough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles ; etc., of

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A. I the data is e-sent. al and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

(N-a)	gistration I	Dist. No.	34
Sti.	Ward)	(If death a hospital tion, give i stead of number.)	occurred in or institu- ts NAME in- street and
MEDICAL CERT	IFICATE O	F DEATH	The High
	4 /		1:3/
Felry 15 192/	That I atte	nded the de	(Year)
and that death occurred on the The CAUSE OF DEATH * was	1		230a
Bilateral,	men	mon	رسم
Contributory Secondary	leen	ya	nos 4 ds.
(Signed) H. P. Free 2/16 1931 (Address)	1	itali	y nih
*State the Disease Caus Violent Causes, state (1) M Accidental, Suicidal or Homicida	sing Death, eans of Inj l.	or, in dea ury and (2)	ths from Whether
1B LENGTH OF RESIDENCE (ients or Recent Residents)	(For Hospit	als, Institut	ions, Trans-
At place of deathyrsmosds.	In the State	yrs	mosds.
Where was disease contracted, if not at place of death?			*******************************
Former or usual residence	*****************		
19 PLACE OF BURIAL OR REMO	oval	Frey	17, 19 3/
20 UNDERTAKER		ADDRESS	

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physicium, Compositor, Architect, er," etc., gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (refirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the or At Farm laborer, Laborer-Coal minc, etc. Womyrs). (b) Cotton mill; (a) Salesmon. without more precise specification as Day Home, and children, For persons who have no occupation Locomolive engineer, not gainfully em-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the rustages causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, "(Exhaustion," "Heart failure," "Haenorriage," "Shock," "Shock," tetanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The niture of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

/	10.	ĸ.	1	
1	ъ	а:	1	
1	E	3	3	
1			2	

PLACE OF DEATH

(23

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

	200
llage or City Moutenie (Natrospital	St.: Ward) (If dea
2FULL NAME VII H. Cultus +	tion, gi stead numbe

ath occurred in ital or institu-

2FULL NAME With the Cultury	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 193/. to 193/., that I last saw hamalive on 193/.,
	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos 2 ds.
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Strue Collect	Contributory Secondary (Durstion)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Settle	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos. 8 ds. In the State yrs mos ds. Where was disease contracted, if not at place of death? Fornier or was death?
(Address) Martine Graph Mark	Mt. Ville Calorel Cemetry Fel. 5, 1931 20 UNDERTAKER.

Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. 6, No. 1.

8

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servanl, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive not gainfully em-(b) Grocery; cugineer,

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: ("crebrospinal) fever (the only definite synonym is "Epidemic cere prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. The contributory valvular heart discase,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the rotate is essential and must be obtained before the certificate is permanently filed

7 AGE

M)	
	H-CORD	
7	AINENT	

BIND

MARGIN RESERVED

No

1 _{PL}	ACE OF	DEA	тн		
County	Tre	der	iel	<u>`</u>	
	City		4	2	
'illage or				1	(No
	2FULL N	IAME	Dusi	ter	

6	1	, arter	V	
1	2=	10	4	

01823

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ceple Callege St.: Ward)	(If death occurred in a hospital or institu-
ne Coelino	tion, give its NAME in- stead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 1986 1986
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
47	411/- 1 1931 to Ful 19" , 1951
ur)	that I last saw h exalive on Tet 16 4 , 1928 1,
han	and that death occurred on the date stated above, atm,
hrs.	The CAUSE OF DEATH * was as follows:
in.?	Chronic arterial seterois
	Amoure endocardelis
5	
1	
	(Duration) yrs. C mos ds.
******	Contributory Secondary
	(Duration)yrs,mos,ds,
	(Signed) Thornis aBuily M.D.
_	The 20 19Bl (Address) Thurmond Mes
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place In the of deathyrsmosds. Stateyrsmosds.
_	Where was disease contracted, if not at place of death?
20	Former or usual residence
T	Sesters of Charty Ceruster 7 & 41 21
	Suntaing ind stry 1, 19 5
	20 UNDERTAKER
r	Tue of Shall a truitsburg les

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED,

WIDOWED.

OR DIVORCED

(Write the word) 6 DATE OF BIRTH

IIILESS

OCCUPATION (a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

11 BIRTHPLACE OF FATHER

(State or country) 12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER

(Informant)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Ballo, Requesting V. S. No. 1.

(State or Country)

PARENTS

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a or Al Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (b) Automobile factory. The muterial single word or term on Locomolive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the pirmark EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrotrant fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

This were din detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal portlonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely behanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heart disease, etc. The affection need not be Nomenclature contributory

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County roperly classified. Registration Dist No. (If death occurred in Ward) a hospit d or institution, give its NAME i. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 0 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 96 may be WIDOWED. WILL OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH 17 that truction (Month) (Day) that I last saw h alive on 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: rms or min.? B OCCUPATION ESERV (a) Trade, profession or particular kind of work CD (b) General nature of industry ā business, or establishment in r which employed or (employer) X Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) mos. 10 NAME OF 11 BIRTHPLAC OF FATHER FZH Disease Causing Death, or, in state (1) Means of Injury and ACTO (State or country) Causes. Aecidental, Suicidal or Homicidal. 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-00 ients or Recent Residents) CUI 13 BIRTHPLACE In the At place OF MOTHER (4) State ______ds. .yrs......ds. of death (State or country) 0 0 Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KONWLEDGE if not at place of dea.h? ho Former or usual residence Every | CIANS 20 UNDER If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Furmel state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria avoid use of "Croup"; I Typhoid fever (never report "Typhoid Pneumonia"). Lobar pneumonia, Branchopneumonia ("Pneumonia,")

4

merican Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "Atrophy." "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; is indefinite); Tuberculosis of lungs, men-Chronic etc. The contributory valendar heart disease; Measles;

If this certificate is looked over thoroughly and al questions inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

20

(Day)

(Year) IIf LESS than

1 day hrs.

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and

number.)

ADDRESS

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Job 17, 1931
(Month) (Day) (Year)
that I last saw h As alive on 198 1 to 198 1
and that death occurred on the date stated above, atm
The CAUSE OF DEATH * was as follows:
Cacher havenhage
Carry manney
(Duration) yrs. mos de
Contributory Secondary
(Derajon) yrs, mos, de
65 Barch
(Signed) (Address) (Address) (Signed) (Signed) (Address)
1-10 (Address)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
At place of death yrs. 2 most ds. In the State Life mos. do Where was disease contracted, if not at place of death?
Where was disease contracted, if not at place of death?
Former or 4
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
MIPleasan / Frech Co Mil 2/19 1931

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., without more precise specification as Day Foreman, O. For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) At Home, and children, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The If the occupation has been changed Salesman, Locomotive not gainfully em-6 material engincer, Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" Examples: Accidental drowning; Struck by railway traincausing "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopncumonia (secondary), by Committee on cough; is indefinite); Tuberculosis of lungs, men-"Heart failure," "Haemorrhage," for malignant neoplasms); Chronic Example: Mcasles (disease etc. affection need not be valvular Nomenclature The contributory Always qualify all heart Measles ; disease;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MAR 6 193

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01826
1. PLACE OF DEATH	(130)
County Froederick	Registration Dist. No. 2 131
Village or City Froederick	No. Monteres Hashital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Michael E. Cran	rex
(a) Residence: No. 122. W. Sixth	St. Ward. 3
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Amirican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Field 11 (1931 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Elizabeth Early.	22. I HEREBY CERTIFY. Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) Freb 2 1878	I last saw have alive on Fel [1] 19.3 (; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2-10 Pm.
53 0 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular	Uate of onset
kind of work done, as SPINNER, Fainter (16 and	1) Urema
9. Industry or business in which Salesman work was done, as SILK MILL, store. Sound Room, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	,
this occupation (month and 1981 spent in this 2 occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Firederick. (State or country) Maryland	acute neplusha
And the second s	wester nighter has
= _ ~	Name of according
(State or country) Maryland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Lo
15. MAIOEN NAME Mary lovames	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Servederich (State ar country)	Accident, suicide, or homicide?
State or country) Maryland	Where did injury occur?
17. INFORMANT Moss. Maary Haripple (Address) / 22. W. Seinth St. Frederice	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Note Olivet Corregue Feb 13, 1931	Nature of injury
19. UNDERTAKER Thomas F. Bice 406 (Address Hopket Francisco Mode)	24. Wes disease or injury in any way related to occupation of deceased? 20
20. FILEO 13-Fely 1931 Doa Welling	(Signed) Police M. D. (Address) Problem & Und
If mor blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

192. 3. O. Moma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cinployee," "worker," "operative," etc.

In stating the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

paramical engineer, mining engineer, stationary engineers by stating the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchanic and wholesale merchanies. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause and any important causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal causes or injuries. Examples:

I near Gastroenteritis 8261,1 yold Callstones Other contributory causes of importance: er contributory causes of importance: obn shop g 1861'ghing Perilonilis ! Cerebral hemorrhage obp yoon I the over by street ear 1981 Chronic interstitial nephritis opp doou i Attack of epilepsy 9161 Arterioselerosis The principal cause of death and related causes legique of Insert principal cause of death and related causes of importance were as follows: fare of onset The principal cause of death and related causes Example II Example 1 MAN 6

ADDITIOUAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

thin the Corperate Builty PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY y classifie ileate. (If death occurred in a hospital or institution, give its NAME irnumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. back WIDOWED OR DIVORCED (Write the word) That I attended the deceas 6 DATE OF BIRTH that (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ESERVED or min.? BOCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country 10 NAME OF 0 11 BIRTHPLACE (n lu OF FATHER ENT the Disease Causing Death, or, in deaths from OZ Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death... OF MOTHER (State or country) 00 Where was disease contracted, houl if not at place of dea.h?. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence If more branks are needed, address State Registrar, 16 We

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) Grocary; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Stritement of Cause of Death—Name, first, the DIS-BALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., whon a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely, "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Chronic interstitial nephritis, approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injumy State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Committee on Chronic valvular heart disease; etc. The contributory Nomenclature death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Treduces	CERTIFICATE OF DEATH
2	Registration Dist. No.
Village or City O MAN GO.C.	St: Ward) (If death occurred in a hospits! or institution, give its NAME instead of street and
2FULL NAME 9 11711 GRAPH	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED WIDOW OF DIVORGED (Write the rotal)	16 DATE OF DEATH FEL 26 1928 1928 1928 (Month) 24 (Day) 193 (Year)
6 DATE OF BIRTH LENUALY 9, 188/ (Month) Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1925 to 7 2 1925 that I last saw h a alive on Feb. 1 2 2 1925,
7 AGE If LESS than I day hrs. 7 ds. or min.?	and that death occurred on the date stated above, at 7.145. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	grflugna
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 MANUE OF FATHER STAND TO OPEN	(Signed) (Duration) mos ds. (Signed) M. D. 1923 (Address) framework med
OF FATHER (State or country)	/ *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of money llen E. It aller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place In the State yrs mos ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) // aymond a. Custy;	Former or usual residence
(Address) Brunswick MS	19 FALE OF BURING OR REMANDED DATE OF BURING
Filed Freb 2 1 192 3/Ma HS. Hadges Registrar	LESS Davy Brunswich
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to rejort specifically the occupations of persons en-Foreman, Tor many occupations a or especially in industrial employments, it is neces-At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material Salesman. single word or term on The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphul spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

9

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasum,
"Traemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERFERAL peritonitis," etc. diseases causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. affection need not be valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is pearmanently filed.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the er," etc., Spinner, (b) Collon mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fereman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. ployed, as At selvol, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, whatever, write None. Housemuid, etc. If the occupation has been changed For many occupations a single word or term on Farm laborer, without more precise specification as Day and children, not gainfully em-Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Meanles (disease (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. " Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory."! "Uraemia, ""Weakness," etc., when a definite disease Whooping carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis (Recommendations on statement of cause of Examples: A ceidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," Chronic etc. valrular heart The contributory discuse;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FAU

PLACE OF DEATH '	01830 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
County	Registration Dist. No. 137
Village or City Man Liberty (No. 2FULL NAME Howard Wil	St.: Ward) St.: Ward) a hospital or Institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Notel Single. Married. Single. Middle Married. Single. Middle Morried. Single. Married. Single. Middle Morried. Single. Middle Morried. Single. Married. Single. Middle Morried. Single. Married. Single. Middle Morried. Singl	16 DATE OF DEATH 7 6 , 193 ((Month) (Day) (Year)
8 DATE OF BIRTH March 14, 1922	17 I HEREBY CERTIFY, That I attended the deceased from Teh 4 193/ to 4 193/
(Month) (Day) (Year) 7 AGE [HLESS than I dayhrs.	and that death occurred on the date stated above, at
yrsds. ormin.? 8 OCCUPATION (a) Trade, profession orthe last of work (b) General nature of industry business, or establishment in which employed or (employer)	toms of sleeping sickness " with the Courte of sleeping sickness " with the Courter of sleeping in the fluence of the Courte of
DESTRIPLACE (State or country) Maryland 10 NAME OF LIASA. De Grangle	Contributory deed and Convaldantillo Secondary (Duration) yrs mos ds (Signed) M. D. Man Werkert M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MALL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds, In the Stateyrsds
(Informant) Clas. C. De Grange	if not at place of death? Former or usual residence. DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mt. Rivy, and	middletown, md Gelo 8. 1.3
15 Filed Feb. 7 19231 At Cufuan Registrar	M. R. Elehison Frederick
If more bianks are neaded, addrasa State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Salesman. (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," (secondary Whooping If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," etc. The contributory Measles ;

1 PLACE OF DEATH STATE OF MARYLAND LY. PHYSICIANS Exact statement of CERTIFICATE OF DEATH Registration Dist. No. I If death accurred to St.:----Ward) a hospital or institution give its NAME instead of street and number. properly olassified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH PERMANENT MARRIED. MARKE WIDOWED OR DIVORCED (Month (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH . . 191...... hould (Month) (Day) (Year) that I last saw h TAGE 40 If LESS than may and that death occurred on the date stated above, at-Aul to a fall over a log, his head strike The CAUSE OF DEATH * was as follows: 1 day, hrs. U min. ? that OCCUPATION ed (a) Trade, profession, or particular kind of work suppl So b) General nature of industry business, or establishment in terms which emplayed (or employer 9 BIRTHPLACE Contributory (State or country) 20 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER Z "Sin'e the I INGER CAUSINO DEATH, or, in deaths from VIOLENT ARE CAUSES, SINIC (1) MEANS OF INJURY: and (2) whether ACCIDENTAL 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER O LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS lef 13 BIRTHPLACE S Af slace in the OF MOTHER 5 (State or country) Siale. Where was disease contracted. Z 14 THE ABOVE IS U KNOWLEDGE item of state C If not at place of deeth? Formes or usual residenca should s OF BURIAL OR REMOVAL DATE OF BURIAL (Address 20 REGISTRAR If more blanks are moded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer. Stationary freman, etc. But in many cases, cum, Compositor, Architect, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the fir thue will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified. is indefinite); Tuberculosis of lungs, menin-

genital," rent) affection need not be stated unless important eough; Chromic valvatur heurt disease; Chronic interstitia "Tumor" for mulignant neoplasms); Measles: Whooping (name origin; "Cuncer" is less definite; avoid use of ges, perilonaeum, etc., Carcinama, Sarcoma, etc., of chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurand consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerpenal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," on statement of cause of death approved by Committee head-homicide; Poisoned Struck by railway train-accident; Revolver wound of on Nomenclature of the American Medical Association.) "Coma," "Convulsions," "Senile," etc.), by carbolic "Dropsy," "Debility" "Atrophy," "Col-"Exhaustion," acid-probably ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseloborer, Form loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation from

Statement of Cause of Death—Name, first, the Dreems of Cause of Death—Name, first, the Dreems of Cause of Death—Name, first, the Dreems of Cause of Cause of Cause of Cause of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart lallure, Liaemonness, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sarcoma, etc., o: Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	01833 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 153
Village or City Walkersville (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Elsie May	Caues tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Wilowed, OR DIVORCED (Write the word)	16 DATE OF DEATH F. 7
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
nov. 14 , 1880	(Lasy 25 1980. to Het 1981.
(Month) (Day) (Year)	that I fast saw he walive on the total, 1923,
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
50 yrs. 2 mos. 16 ds. or min.?	Carcinoma of breast
occupation (a) Trade, profession or	with metastasel to lesses.
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 5 yrs. mos de.
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland	(Duration) yrs. mos. ds.
10 NAME OF FATHER T. O. C. A.A.	(Signed) 100 26 Tu Starsaf M. D.
11 BIRTHPLACE	Hub 1 1921 (Address) Nachanandle Del
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidai.
of MOTHER Mary Mary	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Maryland	of death yrs mos ds. State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ATII Bimmerman	Former or usual residence
(Informant) W. W. Hummerman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wallersure Ma	Union Chapel Cem. Feb. 3, 1931.
15 Filed 2 / 1 / 19/31 K & Putman	20 UNDERTAKER ADDRESS
Registrar	Mrs. K. J. Kutman Walkervell

lf more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enetc., Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease Whooping Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; statement of cause of etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

(Vi		PHY
	CORD	ACE should be stated EXACTLY, PHY:
.0	ENT	stated 1
OR BINDING	S A PERMANENT CORD	should be
OR	SA	ACE

	01834
PLACE OF DEATH	STATE OF MARYLAND
County Trederick.	(8)-2) CERTIFICATE OF DEATH
21-21	Registration Dist. No. 137
Village OF City Unionville, (No. 7 D. Int. a	Ward) (if death occurred a hospital or institution, give its NAME is stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, Midord OR DIVORCED (Write the word)	16 DATE OF DEATH 16 DATE OF DEATH
6 DATE OF BIRTH apr. = 11 = 1861	17 HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year) If LESS than I dayhrs or min.?	
particular kind of work (b) General nature of industry business, or establishment in) which employed or (employer) 9 BIRTHPLACE (State or country) Manufland	Contributory Secondary
10 NAME OF FATHER HESLEY Harry, 11 BIRTHPLACE OF FATHER (State or country) Maryland,	(Signed) (Address) M. I. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ounth Manaham, 13 BIRTHPLACE OF MOTHER (State or Country) Manyland,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) for a beker,	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15 File Fell 13 1931 Walter Augus	20 UNDERTAKER DE CHEMITE PLOS 1621931

V. S. No. 1

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V/S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc whatever, write Nonc. business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Ccrebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup") *Typhoid fever* (never report "Typhoid Pneumonia," ; *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, Or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telenus) may be stated under the head of "contributory." Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, to signate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis BULLAU V. S.	1921	Run over by street car	1 week ago		
Corebral hemorrhage V. B.	July 5,1927	Peritonitis	3 days ago		
•					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

•	RECORD. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	
FOR BINDING	IS A PERMANENT F	stated EXACTLY.	properly classified. E	ertificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	UNN is your important See instructions on back of certificate.
9 9	WRITE PLAINLY, W	ation should be carefu	AUSE OF DEATH in	TON is yory important

	STATE	of MAR'	YLAND—	CERTIFICATE	OF DEATH	01836
1. PLACE OF			vithin the Cor	porate times 92-0		10 /
County_F	rederick	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Registration Dist. N	0. 13/
Village or Ci	ity Frederick			No		St.,Ward
		donth accurred		death occurred in a horpital or inst		
	A3 hand Tay	. Elsrode	T OALS	us. How folig fill 0, 3, 1	ii or roreign birth:y	:5mo5us.
2. FULL NA	ME 7 McMurr					
(a) Resident	ce: No.	(Usual place		St.,Ward.	If nonresident give city	or town and State
PERSON	AL AND STATIST			MEDICAL	CERTIFICATE OF	
3, SEX	4. COLOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH		
male	white	M PY TEE	(write the word)		February	25, 193 1
5a. If married, widow	ed or divorced	1			(Month) (D	ay) (Year)
HUSBAND of (or) WIFE of	Carrie V. De	nnis		22. LHEREB	Y CERTIFY The	L I attended deceased from
				for of	-, 1036 , to	K5 19
6. DATE OF BIRTH (month, day, and year) Au	g. 15, 18	79	I last saw have alive on	100	, 19. 3 ; death Is said
7. AGE Year	rs Months	Days	If LESS than	to have occurred on the date st		
51	6	10	ormin.	The PRINCIPAL CAUSE OF DE were as follows:	EATH and related causes of im	Date of poset
8. Trade, profes	ssion, or particular ork done, as SPINNER, BOOKKEEPER, etcL			(U) Inner	Jalun	C. T
				11 14	100 111	9 100
work was	business in which E done, as SILK MILL, L, BANK, etc.	brush Fact	ory	Heart	1) It	
10. Date decease	ed last worked at pation (month and 2/21	./31 spen	me (years) it in this 10	Mital	Spirilute	3 mind
	Maryla Maryla	nd		Other Contributory Causes of in	npertance:	alis
12. BIRTHPLACE (cit (State or coun	y or town/			Coulin	lest/jour	
1	ohn W. Elsrode		77.12			Legan
Ξ	Md.			h1	10	200
14. BIRTHPLACE (State or				Name of operation What test confirmed diagnosis?		Date of
15. MAIDEN NAI	ME Victoria V.	Hahn.		23. If death was due to external		
15. MAIDEN NAI	Md.			Accident, suicide, or homicide?		
State or	(city or town)country)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Where did injury occur?		
	rs. Carrie V.			Specify whether injury occurred	(Specify city or town, c	ounty and State)
(Address)	rederick, Md	•				
18. BURIAL, CREMAT	on, or removal Clivet, Fred.	Date Feb	. 28, ₁₉ 3	Manner of injury		
19. UNDERTAKER	M. R. Etchison	n & Son		24. Was disease or injury in any	y way related to occupation of	deceased? /W
	rederick, Md.			If so, specify	Al Alenta	A
20. FILED 26-	Sel., 193/- Dr. 8	na The	Ceraly -	(Signed) (Address)	Francis de	M. D.
	If more	blanks are needed a	ddress State R bistray	244 N Charles Street Baltimon	Paragraph 71 S No. 1	111

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Warrang	Example II		
The principal cause of death and related cause of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis MAR 6 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage PUPPATTY	S. July 5, 1927	Peritonitis ,	3 days ago	
	.j			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		*		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of oe For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroshing fever (the only definite synonym is "Epidemic cerebroshinal meningitis"); Diphtheria (avoid use of "Cronp") spinal meningitis"); Diphtheria (avoid pneumenta") Lobar pneumonia, Bronchopneumonia ("Pneumonia")

tions answered in detail, it will prevent further correspond-

All the data is essential and must be obtained before bertificate is permanently filed.

. If this certificate is looked over thoroughly and all ques-

On one clature of the American Medical Association.) micut of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PTERPERAL seplicuemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or mlscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid myes, peritonaeum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or lutercurrent) affection need not be Whooping cough; FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Example: Measles (disease failure." "Haemorterminal (second-

PLACE OF DEATH	01838 STATE OF MARYLAND	
Come of read the trederick	CERTIFICATE OF DEATH	
County	Registration Dist. No. 13.9	
Village or City State Samoalorium	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-	
2FULL NAME James C	h ly stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH FILE 24, 19131 (Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from	
ctel 2 1872	Sept 29 19230 to Ver 24 , 19931	
(Month) (Day) (Year)	that I last saw harmalive on Only 29, 1925	
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:	
3 7 yrsds. ormin.?	Do	
(a) Trade, profession or particular kind of work Munice	(Julmonary Interculoses	
(b) General nature of industry		
business, or establishment in which employed or (employer)	(Duration) yrede.	
9 BIRTHPLACE (State or country)	Contributory Secondary (Dufation) / yre de.	
10 NAME OF FATHER Michael P. Ch lunn	(Signed) Lewart S. Shaffer M. D.	
IN BIRTHPLACE OF FATHER	Jer Cy 1923 (Address) Las Lana lorum	
Z (State or country) / Lland.	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Smile R. Cornil	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country) Maruland.	At place of deathyrsmos 25 ds. In the Stateyrsmosds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Informant) W.a. Gardner	Former or usual residence Loomington, Garrett Co. Mc	
(Address) State Sapratorin Md	Blooming for the linkwin	
Filed 174 3/ 192 Registrar	20 UNDERTAKER ADDRESS MA	
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

Spinner, business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc:, without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, household only (not paid Housekeepers who receive a worked on may form part of the second statement. rner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer, (re-

Statement of Cause of Death—Name, first, the DIS-LEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic etc. valvular heart disease; Nomenclature of the The contributory Measles ;

If this certificate is looked over thoroughly and a'l questions chawcred in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is germanently filed.

1931

N RESI DING IN carefully TH in pla	which employed or (employed	
MARGIN RE UNFADING ould be careft or DEATH in very importal	9 BIRTHPLACE (State or country) Moa	
> 0=>		10 NAME OF
TTH sh rs	NTS	OF FATHER (State or country)
Information state Cup ATION	PARENTS	12 MAIDEN NAME OF MOTHER
I Inform		OF MOTHER (State or Country)
WRITE PLANLLY WE Every item of information Clans should state CAU	14	(Informant) Augus
WE WE CIANS Statem	_	(Address)
B. No.	15	Filed 10-tely 19
b) z		more b

PLACE OF DEATH	STATE OF MARYLAND
County Frederick Halle to	CERTIFICATE OF DEATH
	Registration Dist, No.
Village of City trederick (No. 114	Water & St.: 2 Ward) a hospital or institu
2FULL NAME John Benj F	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Reb 6, 1931 Fully (Month) 6 (Day) 193 (Year)
fold 112 185	7 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on , 192
7 AGE If LESS th 1 day h or mir	rs. The CAUSE OF DEATH * was as follows;
8 OCCUPATION (a) Trade, profession or France Moskerst	Found dead -
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)/_ds
9 BIRTHPLACE (State or country) Modryland	Contributory Secondary (Durstion) yrs mos ds
10 NAME OF Joseph Ford	(Signed) Annes F. Godell M. D.
of FATHER Maryland	710 1981 (Address) Anderesk ma
C (State or country) 12 maiden NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER a format homow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) August Frond	Former or usual residence
(Address) Jessup's Mod	St. John's Cem Feb 10, 1981
15 Filed 10-Fely 1981 traf McGudy Registry	June Jacker Jacker Jacker Jackerick
more blanks are needed, address Ltate regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Rarmer (restate occupation at beginning of illness. If repred from household only (not paid Housekeepers who receive a er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. For many occupations a single word or term on especially in industrial employments, it is necesyrs). Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, Chronic etc. valvular heart disease; Nomenclature of the The contributory Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Justice Bennett

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISAEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more present all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a Stationary fireman, etc. But in many single word or term on (b) Grocery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature Chronic etc. The contributory valvular heart diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3 No. 1

PLACE OF DEATH County Frederich Near 1/235	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No./3/
Village or Give No. 1629 (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 56 2 , 1931 (Month) (Day) (Year)
7 AGE	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos 8 ds,
(State or country) Maryland 10 NAME OF FATHER HOENRY J. Frox 11 BIRTHPLACE OF FATHER (State or country) Mod	Secondary Duration) Wished Signed 1923/(Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Close Mo. Molb 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	13 LINGTH OF RISIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of death
(Address) Near Me Haig (Address) Near Me Haig Filed Felway 1981 Say Wellings Registral	19 PLACE OF BURIAL DE REMOVAGE 19 PLACE OF BURIAL DE REMOVAGE Mot Gion Cam. 20 UNDERTAKER ADDRESS Thomas J. Rice Tracearich
If more banks are needed, addre.s ttate Negistra	ar, I6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Lout mine, etc. woun-en at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who rcceive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) "Atrophy," "Collapse," "Com2," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Always qualify all not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A. B. O. Thomas

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificater ECORD NE, WITH UNFADING INK--THIS IS A PERMANENT FOR BIND MARGIN RESERVED WRITE PI

u .	RATE COALS SA 1
PLACE OF DEATH	STATE OF MARYLAND
County Friedrich	CERTIFICATE OF DEATH
The state of the	(DX)
n . /	Registration Dist. No.
Village or City /3/M/NOWYCh (No.	St.: Ward) (If death occurred in a hospital or institu-
6 16	41 1 1A- MARGE 1.
2FULL NAME Georgiaella & Tr	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED 1	16 DATE OF DEATH TOPE 1 31
Fernal, White WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That hattended the deceased from
1847	19971. to 746 -0 , 1923/
(Month) (Day) (Year)	that I last saw if alive on The 22, 1981,
7 AGE [If LESS than	and that death occurred on the date stated above, at
dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. 0 mos. ds. or min.?	SICOMO ST
B OCCUPATION (a) Trade, profession or	gen weres: not sleaping
particular kind of work	sickness. Trobally carelral thrombosis, re-
(b) General nature of industry business, or establishment in	sulting in softening Curation. Curs SR, mos de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
1701	(Detation) yrsds.
10 NAME OF FATHER	(Signed) M, D.
11 BIRTHPLACE	74 24 190 (Address) Nous Sirek
OF FATHER	*State the Lisease Causing Death, or, in deaths from
Ш	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth a Faulkner	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Y D F b	Former or usual residence
(Informant) X V June 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dallimore	Int Oliver Penetin directo my 2/25, 193/
15 1 / - 72 . 21 Mars & & William	20 UNDERTAKER ADDRESS
Filed # 15 193 / WWW. TV. D Registras	Motor 33 t 3 Asan Orangino Ma
If more b.anks are needed, addre, a Ltate Registra	r, 18 W. Saratoga St., Balto., Requesting V. S. Iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) Never report mere symptoms or terminal condicough; Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions an avered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	01844 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
4	Registration Dist. No. 134
Village or City Lunitaling (No	
	St: Ward) (If deeth occurred in a hospital or institution, give its NAME in
2FULL NAME Laniel R. Geli	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH LEGY, 10 5.
white OR DIVORCED (Write the word)	Mionth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Pattanded the deceased from
Dec 5 1856	Loby 10 1921 10 (Dely 10 , 1921
(Month) (Day) (Year)	that I last say h malive on Ofty 10 1924.
7 AGE If LESS than	and that death occurred on the date stated pove, atm.
74 yrs. 2 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Cerebal tementage
(a) Trade, profession or Petried	
(b) General nature of industry	
business, or establishment in Paruter	Duration)dsds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Wanford	Question) of your mosds.
10 NAME OF FATHER O C & C	(Signed) Prooke Jamuson M. B.
Jacob D. Feliners	Jely 11 1934 (Address) Emmitsburg m
OF FATHER	State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country) Wanford 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Wany Cosenstiel	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Wanglood	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Uns. D. R. Gelineks	Former or usual residence
(informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) building and	Friendshing and Jely 12 1931
15 Filed Feb 11= 1931 M. F. Shuff	20 UNDERTAKER APDRESS
Arca Megistrai	W. J. Shopp of fruntaling las
If more b.anks are peeded, addre.s : tate Kegistran	r, 16 W. Saratoga St., Balto, Kedliesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ch cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, As examples: (a)

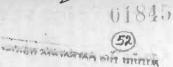
s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebraspinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia

> approved by Committee on Nomenclature Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart disease;

permanently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

M)	PHYSI-
	CORD	supplied. ACE should be stated EXACTLY, PHYSI- in terms so that it may be properly classified. Exact See instructions on back of certificate.
U	K-THIS IS A PERMENT CORD	e stated le properly cof certifi
ERVED FOR BINDING	PERM	should b
FOR	IS A	ACE so tha
RVED	KTHIS	supplied n terms t

PLACE OF DEATH County Frederick.



STATE OF MARYLAND CERTIFICATE OF DEATH

		(No. 39 Trail Av		Registration St.: Ward	Oist. No. 2/= (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH
3 sex Female	4 COLOR OR RACE	SINGLE, WICOW WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH		9th., 19 31 (Par)(Year)
6 DATE OF E	February (Month)	, 1	17 / I HEREBY CEI	192.0. to 9-	tended the daceased from
7 AGE		mos. 17 ds. or min.?	and that dasth occurred the CAUSE OF DEATH *		d abova, at
(a) Trade, particular l (b) General business, o which emp	profession or Houses kind of work Houses I nature of industry r establishment in loyed or (employer)		Contributory Coll	(Duration)	yes mos de.
Di .	IPLACE P.	Wilson gride	(Signed)		or in deaths from njury and (2) Whether
OF MC	OTHER MUS	hour .	At place of death yrs mos. Where was disease contracted	nts) In the Sta	itals, Institutions, Trans-
(Informa	Wm. J. Grove, Lime Kiln,	, Mā.	if not at place of death?	REMOVAL	DATE OF BURIAL
	-Febry 1981. Dr	a michiely	Burkittsville Un		Feb. 11, 19.31

If more branks are needed, addrays State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healther," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Salesman. (b)

Statement of Cause of Death—Name, first, the DISERATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Frederick within the Corpora	to limits. W.P. CERTIFICATE OF DEATH
AA 9 du apart	Registration Dist. No. 13/=
ViNage or City Frederick (No. City &	tion, give its NAME in
FULL NAME. SIMPLY OF	arding number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married Warried Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Figh 7 , 1921 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 8 , 1894	Tel 5 193/ 10 Tel 7 , 193/
(Month) (Day) (Year)	that I last saw her alive on 24.7 , 193/
7 AGE [If LESS than	and that death occurred on the date stated above, at 6-20 Am
36 yrs. 8 mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows: Renforated du odenal Ween =
B OCCUPATION	Peintonitio (locallaged)
(a) Trade, profession or House Wife	**************************************
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duretion) yrs, mos 7 ds
9 BIRTHPLACE	Contributory a floratory to perstany o promes
(State of Country) Maryland	(Durstion)
10 NAME OF George W. Dixon	(Signed) Frank Aller M. D. D. M. D. D. M. D. Deduck - West.
U DI BIRTHPLACE OF FATHER	
(State or country) Maryland	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Margaret Lanhard.	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmos 2 ds. In the State 360 yrs mos 2 ds.
(State or Country) Maryland	Where was disease contracted, of Hoome.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1. 1 1 1 1
(Informant) Odward Hoarding	Former or usual residence 482. W. South St. Froederick
(Address) 482. W. South St	Mox. Olivet lasm. Feb 9, 1931
15 Filed 9 - Fely 198/ Dra/ McCurly	20 UNDERTAKER ADDRESS
Registre	Thomas J. Rice Frederick.
If more banks are needed, address ttate Kegintran	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Furniar (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise.se. Examples: Cerebrogranal fever (the only definite synonym is "Epidemia cerebrosial meninatis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

"(E.haustion," "Heart Imme, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Ilaemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.; Y cough; Chronic Example: Measles (disease etc. The contributory valvular Nomenclature of the heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

Dr. B. O. Thomas.

	1PLACE OF DEATH County Frederich	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
Vil	2FULL NAME lugene Sincoly	Harrison (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MARRIED. White Single, Married Wildowed. OR DIVORCED (Write the word)	February 11 , 1923 February (Month) 2 (Day) 11 (Veal)
6 [DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	July 29, 1865 (Month) (Day) (Year)	November 19230 to February 1921 that I last saw h. M. alive on February 10, 19231
	If LESS than 1 day // hrs. or min.?	and that death occurred on the date stated above, at 1:30 m. The CAUSE OF DEATH * was as follows:
(p	a) Trade, profession or articular kind of work Illegrafahu	Chronic Myocarditis
b	o) General nature of industry usiness, or establishment in	(Duration) yrs. 3 mos. ds.
-	RIRTHPLACE (State or country)	Contributory Coronary Occlusion
	10 NAME OF Storge atho Harrison	(Signed) (Address) Brunswick, Md
ENTS	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Cruma Vugina Donaldson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
I	13 BIRTHPLACE OF MOTHER (State or Country) Manyland.	At place In the of deathyrsmosds. Stateyrsmosds.
14	(Informant) Justibu Sunt	Where was disease contracted, if not at place of death? Former or usual residence
	(Address) 3912 Jurism Blod. Baltin	HOLDEN TOWN DATE OF BURIAL DATE OF BURIAL 1931
15	Filed 7 1/2 13/ Mrs. H.S. Hillars Rygistrar	20 INDERTAGER ADDRESS REST S DUNING BURNINGER
-	lf more bianks are needed, address State Registrar	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.



REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U.S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken whatever, write Nonc. For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro" time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> capproved by Committee on Nomenclature use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, "PUERPERAL septicacmia," "PUERPERAL peritonitis," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Iaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial ncphritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "E:haustion, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease Example: Measles (disease "," "Coma," "Convulsions, etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

1931

No. 002 certificate.

on back

very Important.

PLACE OF DEATH County County	920 STATE OF MARYLAND CERTIFICATE OF DEATH
A. a. a.	Registration Dist. No. 14/
Village or City / Linus wells.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Vingunia III	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH ————————————————————————————————————
6 DATE OF BIRTH ang 23, 1854	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that 1 last saw Resemble on 1921.
7 AGE [If LESS than I day hrs. 1 day hr	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Tol rular Steat Durk
(b) General nature of industry business, or establishment in	(Durstion) vs. 1 mos 1 des
which employed or (employer)	Contributory Chrone Vicey Chil
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration) mosde,
FATHER DM Dones	(Signed) M. D. The street of t
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER Falsalutte to Fully	Accidental, Suicidal or Homicidal. 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State of Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
as hillow of Hall.	Former or usual residence
(Informant) Millen & House (Address) Burnswick Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Port 19 13 1931.
15 Filed 71 22 131 Mrs. H. S. Hilles. Registral	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
If more banks are needed, addre. a Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, nature of the business or industry, and therefore an Physician, Compositor, Architect, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Rarmar (restate occupation at beginning of illness. If repred from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on or At Home, yrs). Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation and children, not gainfully em-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISTERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Inantion," "Heart failure," "Liaemorraage, "Inantion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the " "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

County Prederick County Prederick No. 29 S. Bentz (II dath occurred in a bupital or institution, are in NAME interest and number) Leagth of residence in city or town where death occurred yes	1 DIACE O	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH 018	49
Village or City Frederick No. 29 S. Bentz (It death occurred in a hospital or minimum, give in NAME intend of street and anabely death of service in NAME intended street and anabely death occurred in a hospital or minimum, give in NAME intended street and anabely death occurred in Name in the minimum, give in NAME intended street and anabely death occurred in Name in the minimum, give in NAME intended street and anabely death occurred in Name in the minimum, give in NAME intended street and anabely death occurred in Name in Na					/ 0	/
Length of residence in city or town where death occurred yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. How long in U. S. H of foreign birth? yrs. mes. ds. H mes mes. ds. H mes.						
2. FULL NAME Charles E. James (a) Residence: No. 29 S. Bentz (Usualphace of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX	Village or (City Frederick		(1)		number)
(a) Residence: No. 29 S. Bentz Cloudsplace of abodo	Length of res	idence in city or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsm	osds.
Clausipiece of shode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	2. FULL NA	ME Charles H	James		meg	
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE COLOR OR RACE ON DIVORCED Verific the word) WIGOWEY (Month) 22. JATE OF DEATH FORDARY (Month) (Osy) (West) 1. HE REBY CERTIFY. That I Admits and Manual Company (Osy) HE REBY CERTIFY. That I Admits and Manual Company (Osy) HE REBY CERTIFY. That I Admits and Manual Company (Osy) J. HE REBY CERTIFY. That I Admits and Manual Company (Osy) J. HE REBY CERTIFY. That I Admits and Manual Company J. Manual Company J. HE REBY CERTIFY. That I Admits and Manual Company J. Manual Company J. HE REBY CERTIFY. That I Admits and Manual Company J. Manual Company J. HE REBY CERTIFY. That I Admits and Manual Company J. Manual Company J. HEREBY CERTIFY. That I Admits and Manual Company J. Manual	(a) Resider	nce: No. 29 S. Be				
21. DATE OF DEATH Solid married, widowed, or divorced control the word) Wild Offer Wild Offer Control to the word of the word of the wind of the wind of the wind of the wind offer Control to the wind offer Control to the wind of the	25222					State
TRILE COLORED WINDOWS WINDOWS (Month) (Day) (Vestr) 22. HER BY CERTIFY. 181 164 mass plants of the week of the season of the country of the week of the country) 8. Trade, profession, or particular kind of work done as SPINNER, Laborer 9. Andustry or business in which say the country of t						
59. If married, wildowed, or divorced (PUSAND) (Address) Frederick, Md. 59. If Jack Wildows, or divorced (Pusand) (Address) Frederick, Md. 50. Interestance, or particular (Interestance) 50. Interestance, or particular (Intere			OR DIVORCE	D (write the word)	February 22,	193
HUSBAND of Coro WIFE of Coro WI			widower		(Month) (Day)	(Yeer)
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months 62 Months Cal Services Services Services Services Services Services Services Se	HUSBAND of	was, or arronded			22. HEREBY CERTIFY, That I defice	nothing in
6. DATE OF BRITH (month, day, end yeer) 7. AGE Years Months 6.2 Mo		T	BITCHOUTH		to Boronoo Jonguest	15 4
S. Trade, profession, or particular kind of work dome, es SPINNER, Laborer SAWYER, BDOKKEPER, etc. Laborer		(month, day, end yeer)	MANOWN		I tast bow h alive on , 19	bise ei dlash ;
8. Trade, profession, or particular kind of work done, as SPINNER. Laborer SAWER, BONKEPER, etc. 9. Industry or business in which work as done, as SILK MILL. SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month and 2/4/3/1) 1. Total time (years) spent in this year). 12. BIRTHPLACE (city or town) Maryland (Stets or country) 13. NAME ISSAO James. 14. BIRTHPLACE (city or town) Md. (Stets or country) 15. MAIDEN NAME UNKNOWN (State or country) 16. BIRTHPLACE (city or town) Was a country) 17. INFORMANI Mrs. Lizzie Brown. (Address) 159 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PREFAIR TYIEW Come. Frederick, Md. 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md. 20. FILED 4 Poly 19 2 1 South Madanula Registrary (Signed) M. South M. D. (Signed) M. South M. D. (Address) Frederick, Md. (Signed) M. South M. D. (Address) Frederick, Md. (Signed) M. South M. D. (Address) Frederick, Md.			Days			
Sind of work done, es SPINNER. Laborer SawYer, Bonkketeper, etc. SawWer, Bonketeper, etc. SawWer, Bonketeper, etc. Saw Mill, Bank, etc. Saw Mill, Bank, etc. Saw Mill, Bank, etc. Saw Mill, Bank, etc. Specify in this occupation (month and 2/1/3) 11. Total time (years) spent in this occupation (month and 2/1/3) 11. Total time (years) spent in this occupation (month and 2/1/3) 11. Total time (years) spent in this occupation (month and 2/1/3) 11. Total time (years) spent in this occupation (month and 2/1/3) 11. Total time (years) Spent in this occupation (month and 2/1/3) 11. Total time (years) Spent in this occupation (month and 2/1/3) 11. Total time (years) Spent in this occupation (Stets or country) 12. BIRTHPLACE (city or town) Md. Saw Mill, Bank, etc. Mary Land Stets or country) Md. 13. NAME Issac James. Name of operation What test confirmed diagnosis? No recomplete of injury. West there en autopsy? No Accident, suicide, or homicide? NO Dete of injury. NONE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Menner of injury. NONE 19. UNDERTAKER Menner of injury in eny way releted to occupation of deceased? 14. BIRTHPLACE (city or town) (State or country) Where did injury occurr? NONE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Menner of injury. NONE 19. UNDERTAKER Menner of injury in eny way releted to occupation of deceased? 14. Was disease or injury in eny way releted to occupation of deceased? 15. No recomplete of this occupation of deceased? 16. Specify of the recomplete of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Menner of injury. NONE 20. FILED 4 Party, 19 21 Day Macauste Registrary (Signed) My 1/3 Day Macauste (Address) Frederick, Md. (Signed) My 1/3 Day Macauste (Address) Frederick, Md.					were es follows:	Date of onset
SAWITE, BUNKLE, etc. 9. Industry or business in which work was done, es SILK MILL, SAWILL BANK, etc. 10. Date deceesed lest worked at 2/1/31 11. Total time (years) spent in this occupation (month and 2/1/31 13. Total time (years) spent in this occupation (month and 2/1/31 13. NAME I SEAO JAMES. 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME I SEAO JAMES. 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs Lizzie Browne (Address) 159 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PIECFAIRVIEW Cema Freda Date Feb. 25, 1931 19. UNDERTAKER (Address) Frederick, Md. 20. FILED 4 Party, 19 21 Day McQualle Regitter. (Address) Frederick, Md. 20. FILED 4 Party, 19 21 Day McQualle (Address) Frederick, Md. (Signed) My Journal (Address) Frederick, Md.	kind of	work done, es SPINNER.	Laborer			
SAW MILL, BANK, etc. CORI Yard 1D. Date deceesed lest worked et this occupation (month and 2/2/3) 11. Total time (years) spent in this occupation (month and 2/2/3) 12. BIRTHPLACE (city or town). Maryl and (Stete or country) 23. If MAIDEN NAME 14. BIRTHPLACE (city or town). Md. (Stete or country) 24. Was diagnosis? No recompleted in local time of operation. NONE 15. MAIDEN NAME 16. BIRTHPLACE (city or town). West there en autopsy? No (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PIEcFairview Come Fred Date Feb. 25, 1931 19. UNDERTAKER 19. UNDERTAKER 10. Accident, suicide, or homicide? None (Address) Frederick, Md. 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Accident, suicide, or injury in eny way releted to occupetion of deceased? 11. Total time (years)	9 Industry or	business in which				-
12. BIRTHPLACE (city or town) Maryl and Maryl an	SAW MI	is done, es SILK MILL, LL, BANK, etc	Coal Yard			
Description of country) Description of Contributory Causes of importance: Description of Operation of Opera	this occu	ipation (month and 2/2/	1,3/ sp9	nt in this		
(Stete or country) 3	year)		_	upetion/		
13. NAME ISSAC JAMES. 14. BIRTHPLACE (city or town) Md. 15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN 17. INFDRMANT Mrs Lizzie Brown. (Address) 559 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PIEcFairview Cema Freda Date Feb. 25, 1931 19. UNDERTAKER (Address) Frederick, Md. 20. FILED 4 Poly, 19 21 only McCaully Registrar. (Address) Frederick, Md. (Signed) M. J.		ity or town)	and		A D. Thomas	
What test confirmed diagnosis? Wes there en autopsy? NO 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Mrs Lizzie Brown. (Address) 159 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PIECEAirview Cema Freda Date Feb. 25, 1931 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md. 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md. (Address) Frederick, Md. (Address) Frederick, Md. (Address) Frederick, Md. (Signed) Westher en autopsy? Molecules (VIOLENCE) fill in elso the following: NONE What test confirmed diagnosis? Wes there en autopsy? Molecules (VIOLENCE) fill in elso the following: NONE Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Menner of injury NONE 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md. (Address) Frederick, Md. (Signed) W. Y. Bowwell (Signed) W. Y. Bowwell (Signed) W. Y. Bowwell (Address) Fullence of injury M. D. (Address) Fullence of injury M. D.	1					
What test confirmed diagnosis? Wes there en autopsy? NO 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Mrs Lizzie Brown. (Address) 159 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PIECEAirview Cema Freda Date Feb. 25, 1931 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md. 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md. (Address) Frederick, Md. (Address) Frederick, Md. (Address) Frederick, Md. (Signed) Westher en autopsy? Molecules (VIOLENCE) fill in elso the following: NONE What test confirmed diagnosis? Wes there en autopsy? Molecules (VIOLENCE) fill in elso the following: NONE Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Menner of injury NONE 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md. (Address) Frederick, Md. (Signed) W. Y. Bowwell (Signed) W. Y. Bowwell (Signed) W. Y. Bowwell (Address) Fullence of injury M. D. (Address) Fullence of injury M. D.	13. NAME	Md.			NONE	-
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Mrs Lizzie Brown. (Address) 159 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PIECFAirview Cem. Fred. Date Feb. 25, 1931 19. UNDERTAKER (Address) Frederick, Md. 20. FILED 2 4 Paly, 19 2 Local McQually Registrar. 15. MAIDEN NAME UNKNOWN 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following: NONE (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Menner of injury NONE Neture of injury NONE 24. Was disease or injury In eny way releted to occupetion of deceased? If so, specify (Signed) M. 4 Bowner (Address) Frederick M. D. (Address) Frederick M. D.	14. BIRTHPLACI	E (city or town)			17	. No
16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Mrs Lizzie Brown. (Address) 159 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PIECFAirview Cem. Fred. Date Feb. 25, 1931 19. UNDERTAKER (Address) Frederick, Md. 20. FILED 2 4 Pale, 19 2 Local McQually Registrar. Accident, suicide, or homicide? Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury NONE Neture of injury NONE 24. Was disease or injury In eny way releted to occupetion of deceased? If so, specify (Signed) My Bowne (Address) Frederick M. D. (Address) Frederick M. D.		TTATICATORIA			mat test commerci diagnosis: nes there en	
(State or country) Where did injury occur? NONE (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 159 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PIECFAirview Com. Fred. Date Feb. 25, 1931 19. UNDERTAKER (Address) Frederick, Md. 24. Was disease or injury In eny way releted to occupetion of deceased? If so, specify (Signed) W. Y. Bowner (Address) Frederick Md. (Address) Frederick Md.	I S DIRTUDI ACI	UNK	NOMN		No	
17. INFDRMANT Mrs Lizzie Brown. (Address) 159 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PIECFAirview Com. Fred. Date Feb. 25, 1931 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md. 20. FILED 2 Y Paly, 19 2 Local McQually Registrar. (Address) Full deceased?					NAME OF THE OWNER OWNER OF THE OWNER	, 10
(Address) 759 W. Saint St., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL PlecFairview Come Frederick Peb. 25, 1931 19. UNDERTAKER (Address) Frederick, Md. 20. FILED 24 Paly, 1931 Out McQually (Signed) Lu 4 Bourne (Address) Frederick Md. (Address) Frederick Md. (Signed) Lu 4 Bourne (Address) Frederick Md. (Address) Frederick Md.	17 INFORMANT	Mrs Lizzie Br	own.		(Specify city or town, county and Sta	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL PlecFairview Cema Fred Date Feb. 25, 1931 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Id. 20. FILED 2 4 - Daty, 1931 Occ f McCaully Registrar. Menner of injury NONE 24. Was disease or injury In eny way releted to occupetion of deceased? (Signed) M. D. (Address) Frederick M. D. (Address) Frederick M. D.				rick. Md.		
19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Id. 24. Was disease or injury In eny way releted to occupetion of deceased? If so, specify (Signed) Lu Growne: (Address) Frederick M. D. (Address) Frederick M. D.	18. BURIAL, CREMA	TIDN, OR REMOVAL			Menner of injuryNONE	
(Address) Frederick, Md. 20. FILED 24 - Pely, 1931 out McQuelle (Signed) lu 4 Bowne M.D. Registrat, (Address) Frederick ord				25.,,1931	Neture of injury NONE	
20. FILED 24 - Fely, 1931 Day McQuelle (Signed) lu ly Bourne: M. D. Registrar, (Address) Frederich brod					24. Was disease or injury In eny way releted to occupetion of deceased?	
Registrar (Address) tricleurs ma	(Address)	- //	• / /		1. 2.	
	20. FILED 2 4 -	Dely, 19 3 L 000	I hus	Quell	-	M. D.
		16	Manks are model		V:	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAP 6 1931	1915	Attock of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V S	July 5,1927	Peritonitis .	3 days aga
Other contributory	causes of importance:		Other contributory causes of importance:	4
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(M)	Fxact	PLACE OF DEATH 01851	STATE OF MARYLAND CERTIFICATE OF DEATH
		County 5' rederic to	12
SCORD	EXACTLY, y classified floate.	Village or City & 11 Suic & (No. Keefer	Registration Dist. No. / 3 / (If death occurred Ir a hospital or institution, give its NAME in stead of street and number.)
•	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANENT	he st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Manuel WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Lebruary 6, 1981 (Month) (Day) (Year)
BIND A PERM	shot t it m s on	6 DATE OF BIRTH 2 /6 , 187/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 10
S IS	ed. As tastructi	7 AGE If LESS than I day	and that death occurred on the date stated above, at 11/5 P.m.
SERVEI INKTH	sup in tel See	B OCCUPATION (a) Trade, profession or Aoracan for particular kind of work	consume of Heart of Pancreas
RES ING IN	e carefully ATH In pla mportant.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Exploratory Forotomy Secondary
MARGIN H UNFAD	CF DE	10 NAME OF John J. Williams	(Signed) Frank Strouber Lo M. D. Str. 6 1931 (Address) Hedrick - Und.
TIW 5	ation sl CAUSE	C (State or country) healerich Co My	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	Informal state	of MOTHER Jane & Henchry 13 BIRTHPLACE OF MOTHER (State or country) Manyland	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
NTE P	should ent of	(Informant) May Mettic Jones	if not at place of death?
WE	Every I	(Addres J. F. Charlet Frederich My)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL M. W. Theolerich My 2, 193/ 20 UNDERTAKER NODRESS
. S. K.	-	Filed The 1931 Timere Kegistrar /Registrar	Harry & Carty Frederick Mex
-	7	It more planks are needed, address trate Registrar	if to att chimeoky neit parted trademotive at at an attache.

次看 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foremun, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) For persons who have no occupation (b) Automobile factory. The material

Strtement of Cause of Death—Name, first, the Distance Growsing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal term (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid Committee on Chronic etc. valvular heart Nomenclature The contributory not be disease,

If this certificate is looked over thoroughly and all questions absweled in detail, it will prevent further correspondence. All the etcla is essential and must be obtained before the certificate is permanently filed.

MAR 6

		STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 01851
1.	. PLACE OF	_ /			(82-a)
	County	rederic	k-n		Registration Dist. No.
5	Village or Ci	ty Treder	ich		No. 13 W. all same st, w
	Length of resid	lance in city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmos
2	. FULL NAM		w	niro	<u></u>
-	(a) Resident				St., Ward.
	(a) Resident	e. No	(Usual place	of abode)	If nonresident give city or town and State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	nale	4. COLOR OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH Lebrary 26 (Month) (Day) (Year
5a. I	If married, widows HUSBAND of (or) WIFE of	d, or divorced	inkno	wy	22. I HEREBY CERTIFY, That I attended deceased
6. D	ATE OF BIRTH	month, day, and year)	un. 14	1868	t last saw h con eliva on Jeb 26 , 193/; deeth is
7. A			Days	If LESS than	to have occurred on the data stated above, at 29 m.
7	72	. ()	2	I day,hrs.	were as follows
TION	8. Trade, profassion, or particular kind of work done, as SPINNER, Retired Larmer SAWYER, BOOKKEEPER, etc.			larmer	Cerebal apopley Date of
CUPAT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	SAW MILI 10. Date decease		11 Total ti	ma (vaera)	-
00	this occup	ation (month and	11. Total ti	t in this	
		222	0	potton	Other Contributory Causes of importance;
12.	State or coun		yxana		arterio Delevosis
ER	13, NAME	Can Van O	VOTION	a	- Millio O ellrosis
T		m con on	0011000	24	Name of acception
FAT	14. BIRTHPLACE (State or		way wo		Nama of operation Data of Was there an autopsy? Was the autopsy? Data of
ER	15. MAIDEN NAM	ME ESLACIT	The Att	ault	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
MOTHE	16. BIRTHPLACE	(city of town) On	Danuvan	rd	Accident, suicide, or homicida?
×	(Stete or		The state of		Where did Injury occur?
17. 1	INFORMANT	John +	enton	Dand	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, OREMATI	ON OR REMOVAL			Mannar of injury
	Place27)	priville	Date Mar	19.3.	Nature of injury
19.	UNDERTAKER	701.	Will man	wand	24. Was disease or Injury In any way related to occupation of deceased?
20	FILED 28-F	ly 1931 Fra	1 mes	Quelle	(Signed) Mysses & Dourne

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I)	Example II	
The principal cause of death and related causes of importance were as follows: 18 0 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis LAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY PHYS	SICIAN
------------------------------------	----------------	--------

8

((N)	PHYSI-
	WITH UNFADING INKTHIS IS A PERMITENT ECORD	ion should be carefully supplied ACE should be stated EXACTLY, PHYSI-, USE OF DEATH in plain terms so that it may be properly classified. Exact
	ENT	d be state
INDING	S A PERM	that it may
FOR B	THIS IS	upplied /
MARGIN RESERVED FOR BINDING	DING INK	arefully s
RGIN RE	H UNFAL	DEATH
MA	TIME	USE C

PLACE OF DEATH

	138
	tion Dist. No. / U
Village or City Januarelle (No Reggs Collage Laulsvinne W	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICA	TE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED (Write the word) 16 DATE OF DEATH 2 (Month	(Day) (Year)
6 DATE OF BIRTH / - 3 0 - 1927/, to	2-13- 1007/
5 - 3 - 000	2 - 3 - 103/
(Month) (Day) (Year) and that death occurred on the date	9 a,_
TAGE If LESS than I dayhrs. The CAUSE OF DEATH * was as folio de. or min. ?	
(b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) Contributory Astronomy Seenndary recurrent to the	sis-chronia refelications
10 NAME OF FATHER Thury Ditale (Signed) Dage A.	Riggs M. D.
11 BIRTHPLACE OF FATHER (State or country) OF	Peath, or, in deaths from Eliping: and (2) whether
12 MAIDEN NAME OF MOTHER Action tal, Suicided or Homicidal, 18 LENGTH OF RESIDENCE (For ients, or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or country) Current Condition of death yis, mos da.	In the State,yis,mosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?	Wown Wet
(Informant) Flagd ne. Kepler (husband) (Address) Middlelower Und Filed Fet 4 192 Lucians S. Halooner Registrar Registrar	L DATE OF BURIAL Leb 7., 153! ADDRESS DO 111 for DOC

" more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing meath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At achool or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Furm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Plantor, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various parenits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on yr.8.). without more precise specification as For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept to time and causation), using always the same accept ed term: for the same disease. Examples: Cerebrospide fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetunus) may be stated under the Poisoned by carbolic acid-probably suicide. The na as probably such, if impossible to determine definitely. ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental demoning; Struck by railway and qualify as Accidental, suicidal, or Homicidal, or "Puerperal septicaemia.""Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. conditions, such as "Asthenia," "Anaemia" (merely "Uraemia," "Weakness," etc., when a definite disease rhage," "lnanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma, ary), 10 ds. stated unless important. use of "Tumor" for mulignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of eausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection used not be Whooping cough; cause for which surgical operation was under-.. (name origin; "Cancer" is less definite; avoid For VIOLENT BEATIS STATE MEANS OF INJURY "Debility" Never report mere symptoms or terminal Chronic valvular heart discase; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease Always qualify all The contributory Measles; (second-"Сопetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondance. All the data is essential and must be obtained before the certificate is permanently filed.

8

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 01853
1. PLACE OF DEATH	(31)
County Frederick	Registration Dist. No. 131
Village of Dy Shooles town	No. Shorkstorn St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred & Lyrs, 7 mo	ss. 2 ds. How long in U.S. if of foreign birth? yrs. mos, ds.
2. FULL NAME William Hoenry	Horantz
(a) Residence: No. On Frank (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	Feb 11 1931
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of acce G. Boyer	22. HEREBY SERTIFY. That I attended deceased from
Title G. Joseph	10 10 10 let 11 1931
6. DATE OF BIRTH (month, day, and year) Jesly 9 181414	Wast saw h alive on
7. AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 27 2m.
86 / as ormin,	The PRINCIPAL CAUSE OF DEATH and related thuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEFPER, etc	Grine Augusta
9. Industry or business in which	maished fill take a
work was done, as SILK MILL, SAW MILL, BANK, etc.	5
SAW MILL, BANK, etc	June
year) 1922 occupation 60	Other Contribution Course of importance
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Frederick Harants	
14. BIRTHPLACE (city or town)	Neme of operation of the Date of Date of
1 (State of Country) Meanification	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Catherene Stup	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Catherine Stuft 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State er counity) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Harry 6. 6. Harris	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MI+ Olake 1 024.	
Place Transles tele Date Feb 13 1931	Manner of injury
	Nature of injury
19. UNDERTAKER Thomas J. Thice (Address) Frederick Med.	24. Was disease or injury in any wey related to occupation of deceased?
00	If so, specify
20. FILED 3: Febry, 1931 Amtung	(Signed) M. D

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known, Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of werk done.

10.—The month and year the deceased last worked at the occupation. 9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. State In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death meaus the disease, injury, or complication which causes death, not the

Gallstones	SEGI, I yold	Gastroenteritis	I year
der contributory causes of importance:		Other contributory causes of importance:	
			RECEIVED
Cerebral hemorrhage	7221,88bul	Peritonitis	MAR 6 19 080 shop 8
Chronic interstitial nephritis	1861	Run over dy street car	ovo yəən I
Arteriosclerosis	9161	Anack of epilepsy	PULEAU our gom I
The principal cause of death and related causes of importance were as follows:	fazno to ated	of importance were as follows:	Date of onset
Example I		Example II	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Scruant, Cook ployed, as Al school or At home. Care should be taken definite salary), may be entered as Housewife, House whatever, write None. Housemaid, etc. If the occupation has been chauged to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parenits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

Typhoid fever (never report "Typhoid pneumonia".

Lobar pneumonia, Bronchopneumonia ("Pneumonia." spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrotoina EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic celebro to time and causation), using always the same accept Starcment of Cause of Death-Name, first, the bis

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ou head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the "Uracmia," "Weakuess," etc., when a definite disease conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inaultion," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronehopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (uame origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., inqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" for which surgical operation was under-("Congeuital," "Senile," etc.) (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles Struck by railway Always qualify all (disease (merely terminal (secoud-"Con-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

(1)	D)	PHYSI-
(%)	A PERMANENT CORD	CE should be stated EXACTLY, PHYSI-that it may be properly classified. Exact
R BINDING	PERMA	should it it may
R	A	CE

PLACE OF DEATH	01855 STATE OF	
County Prederick	94-0 CERTIFICAT	E OF DEA
Q. a	Registration	Dist. No.
Village or give broty town (No	St.: Ward	d) (If death or a hospital or tion, give its stend of st number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED		
Eccele There (Write the word)	17 LHEREBY CERTIFY, That I a	Z(Day)
6 DATE OF BIRTH	1927 . to Fel	6.7
(Month) (Day) (Year)	that I last saw h alive on Feet	<i>ý</i>
7 AGE If LESS the	n and that death occurred on the date state	ed above, at
· Oa I day hr	s. The CAUSE OF DEATH * was as follows:	
yrs. 4 mos. / ds. or min	? (1) - (2) - +	,
(a) Trade, profession or	llequa sello	~~
particular kind of work Afficial Comments (b) General nature of industry	·	
business, or establishment in which employed or (employer)	(Durstion)	
9 BIRTHPLACE	Contributory Secondary	Carosis
(State or country) And,	(Duration)	winow
FATHER 7200, Max	(Signed) Sta Ar Deg	G,
11 BIRTHPLACE	- 2/8/ 193/ (Address)	berlylo
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME	*State the I is ase Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in death
of MOTHER Ratharine Cer	18 LENGTH OF RESIDENCE (For Hospients r Recent Residents)	oitals, Institutio
13 BIRTHPLACE of MOTHER and.	At place In the	ne ateyrsn
(State or country)	Where was disease contracted, if not at place of dea.h?	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or	
(Informant) Mrs. yrg It. Seall	usual residence	DATE OF E
(Address) Sibrotylown,	Theman	2/10
15 F1 Flb 8 1071 WH 44 LUGA	20 UN DERTAKER	ADDRESS
Filed Jan 192/ Lungul	1 M L. Orendon Sign	w/ / / / / / / / / / / / / / / / / / /

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill: (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Furmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Statement whatever, write None. Housemaid, etc. household only (not paid Housekeepers who receive a laborer, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborerwithout more precise specification as Day of Occupation-Precise statement of oc-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." earbolic acid-probably swicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septieacmia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on Examples: Aecidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronie statement of cause of death etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent lurther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 193 BUREAU ESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without laborer, Laborer—Coat muss, laborer, Farm laborer, Laborer—Coat muss, laborer laborer, Laborer—Coat muss, laborer, lab state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile foctory. The material single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic quebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia."; Lobor pneumonia, Bronchopneumonia ("Pneumonia.";

"PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senilc," etc.), "Dropsy, stated unless important. American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. affection need not be The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU V. S

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planton tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it r ture of the business or industry, and therefore an gary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Chil engineer. Studionary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the oer pations of persons enployed, as Ai school or At home. Thre should be taken definite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material ared 6 yrs.). For persons who have no occupation lusiness, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. Statement of Occupation-Precise statement of oc etc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more procise specification as Day -Coal mine, etc. Wom-

Example of Chuse of Death—Name, first the mismass causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal individual fever (never report "Typhoid pneumonia."): Typhoid fever (never report "Typhoid pneumonia.")

unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles use of "Tumor" for mallgnant neoplasms); Meastes; inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of symptomatle), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, State cause for which surgical operation was under-"Purperal septicuemia," "Purperal peritonitie," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemla," "Weakness," etc., when a definite discase rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the flyury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway Poisoned by carbolic acid-probably suicide. Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS STATE MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (disease The na-(merely (second-

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

192 Banton

1931

FOR BINDING

MARGIN RESERVED

V. S. No. 1

County Field Part County Field Field Part County Field Field Part County Field Field Part County Field	STATE OF MARTLAND	CERTIFICATE OF DEATH
Villago or City - Long to Select Sele	1. PLACE OF DEATH	(82-a)
Length of residence in city of born where death occurred 1 yrs. mg. ds. Hot leng in U. S. If of foreign birth? yrs. mos. ds. 2. FULL NAME Level of the company of the comp	County Frederick	Registration Dist. No. 6
Length of residence in citic of town where death occurred) J. yrs. mgs. ds. Hod long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME Local Death Marking Marking		
(a) Residence: No. Color or Race S. SINGLE, MARRIED, WHOWED OR DIVERSED Comit the word) OR DIVERSED Comit the word of diversed (or) WHE of Color or particular (or) WHE of Color or parti		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5a. It married, widowed, or divorced HUSSAND OR HUSSAND OR FOR PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH ((Month) (Day) 193 193 104 194 195 195 105 106 107 107 108 108 109 109 109 109 109 109	2. FULL NAME Sheodore facol /	Nothiney
3. SEX M 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED. OR DUVOKED C-write the wood ON	111111111111111111111111111111111111111	
OR DIVORCED (write the word) 5.0. It married, widowed, or divorced HUSSAND (Glooth) (Glooth) (Glooth) (Glooth) (Day) (Year) 193/ 194/ 193/ 194/ 195/ 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. It married, widowed, or divorced HUSEAND of Cory WHET of Linux Mary Mary Market Linux Deep HUSEAND of Cory WHET of Linux Mary Mary Mary Mary Mary Mary Mary Mary	OR DIVORCED (write the word)	fel. 15 1931
TAGE Years Months Days If LESS than I day. hrs. or min. If LESS than I day hrs. or particular were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date at element ward of work done, as SPINNER SAVYER, BODKKEPPE, etc. SAVYER,	5a. tt married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
Trade, profession, or particular or min. 8. Trade, profession, or particular or min. 9. Industry or business in which were as follows: 9. Industry or business in which work was done as SILK MILL, SAWIER, BOOKKEPER, etc. 11. Total time (years) spent in this occupation (month and plants) and this occupation (month and plants) spent in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMPTION, OR REMOVAL Place Delawer Down	6. DATE OF BIRTH (month, day, and year)	I last saw hein alive on Fel , 14 , 19 3/; deeth is sald
8. Trade, profession, or particular kind of work dome, as SPINNER, Sabores kind of work dome, as SPINNER, Sabores solver, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BAIK, etc. 10. Date deceased last worked as pant in this spant in this		to have occurred on the date stated above, a 2302 m.
Strade, profession, or particular kind of work done, as SPINNER Labores SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at the second in this cocupation (month and electric spent in this year). 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (fity or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT MANUAL	10 6 1 4	ware as follows:
work was done, as SILK MILL, SAW MILL, BAKH, etc. 10. Date deceased last worked at this occupation (month and flyga) spant in this occupation (month and flyga) spant in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. A Coldent 19. UNDERTAKER 19. A Coldent 19. What lest confirmed diagnosis? Was there en autopsy? 24. Was disease or Injury Neture of injury 19. UNDERTAKER 19. A Coldent 19. A Co	kind of work done, es SPINNER,	Culval Frementous 413/3/
this occupation (month and following) 12. BIRTHPLACE (city or town) (State or cnuntry) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILEO 10. FILEO 11. Specify 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. Maiden 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILEO 10. FILEO 11. Specify 12. Was disease or Injury In any way related to occupation of deceased? 11. So, specity (Signed) 11. So, specity (Signed) 11. So, Specity 12. Was disease or Injury In any way related to occupation of deceased? 11. So, specity (Signed) 11. So, Specity 12. Mainer 13. Date 14. Was disease or Injury In any way related to occupation of deceased? 15. MAIDEN 16. BIRTHPLACE 17. INFORMANT 18. BIRTHPLACE 18. BIRTHPLACE 19. Was there en aulopsy? 20. FILEO 21. Was disease or Injury In any way related to occupation of deceased? 22. Was disease or Injury In any way related to occupation of deceased? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19. Where did injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 19. Was disease or Injury In any way related to occupation of deceased? 11. So, specity 12. Was disease or Injury In any way related to occupation of deceased? 18. BIRTHPLACE 18. BIRTHPLACE 19. Was there en aulopsy? 20. FILEO 21. Was disease or Injury In any way related to occupation of deceased? 22. Was disease or Injury In any way related to occupation of deceased? 23. In death was due to external causes (VIOLENCE) fill in also the following: 24. Was disease or Injury In any way related to occup	work was done, as SILK MILL,	
12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT May	10. Date deceased last worked at this occupation (month and effect) 11. Total time (years) spant in this spant in this occupation occupation.	A 3.5
13. NAME 14. BIRTHPLACE (fity or town) (State or bountry) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MANUELLA ACCIDENT (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Neture of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Filed 11. Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Neture of injury 24. Was disease or Injury In any way related to occupation of deceased? 18. Specify (Signed) 18. Specify (Signed)		Other Contributory Causes of importance:
What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME Accident, suicide, or homicide? Date of Injury. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Menner of injury. 19. UNDERTAKER Couplet allowed accident, 1934 What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury 19. UNDERTAKER Couplet allowed accident in the specific plants of the following: 24. Was disease or Injury In any way related to occupation of deceased? It so, specity (Signed) M. D.	N. A.	
What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME Accident, suicide, or homicide? Date of Injury. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Menner of injury. 19. UNDERTAKER Couplet allowed accident, 1934 What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury 19. UNDERTAKER Couplet allowed accident in the specific plants of the following: 24. Was disease or Injury In any way related to occupation of deceased? It so, specity (Signed) M. D.	14. BIRTHPLACE (fity or town) free feet	Name of operation
Accident, suicide, or homicide? Date of Injury, 19 (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Menner of injury Place Dearwood Date Feb 17th, 193/ Neture of injury 19. UNDERTAKER Pauglet allowed (Address) 24. Was disease or Injury In any way related to occupation of deceased? It so, specity (Signed) Menner (Signed) Menner (Signed) Menner M. D.	(State or country)	What test confirmed diagnosis? Was there en autopsy?
Accident, suicide, or homicide? Date of Injury, 19 (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Menner of injury Place Dearwood Date Feb 17th, 193/ Neture of injury 19. UNDERTAKER Pauglet allowed (Address) 24. Was disease or Injury In any way related to occupation of deceased? It so, specity (Signed) Menner (Signed) Menner (Signed) Menner M. D.	15. MAIDEN NAME Clience fraguer	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT MEAN MICK Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Search about Date Feb 17th 193/ Neture of injury 19. UNDERTAKER Pauglet allowing to town, county and State) Year Menner of injury Neture of injury 19. UNDERTAKER Pauglet allowing to town, county and State) Year Menner of injury 19. UNDERTAKER Pauglet allowing to town, county and State) Year Menner of injury Year Menner of injury 19. UNDERTAKER Pauglet allowing to town, county and State) Year Menner of injury Ye	[16. BIRTHPLACE (city or town)	
Place Searce Date tel 17th, 193/ 19. UNDERTAKER Pauglit allaugh (Address) 24. Was disease or Injury In any way related to occupation of deceased? *** It so, specity (Signed) (Signed) M. D.		(Specify city or town, county and State)
20. FILED JUNI 16, 1931 The Confusion (Signed) Pollar & Deller M. D.		
20. FILED JUNI 16 , 1931 The Confusion (Signed) Plolanol Deller M. D.		
	20. FILED JULI 16 1931 WA Cidefuseur	(Signed) floland Nelley M.D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	5 Attack of epilepsy		
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	MAR 4 1931	July 5, 1927	Peritonitis Peritonitis	3 days ngo	
	BUREAU V.S.				
Other contributory	causes-of-importance:	3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
EATH		1 (02)	

0	1	Q	1	0
U	1	9	()	. 1

County Frederich Within the County Frederich Within the County Frederich Within the County Frederich (I Length of rasidence in city or town where death occurred 10 yrs 10 most 2. FULL NAME Farmie Moises (1) Residence: No. 242. N. Machat (Usual place of abode)	No. 242 No. Moarket St., 4 Ward death occurred in a horpital or institution, give its NAME instead of street and number) 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 5:6 26 , 193/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Was 16 LESS than 1 day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) occupation 12. BIRTHPLACE (city or town) Was 1 for a construction of the control of the	22. I HEREBY CERTIFY, That i ittended deceased from 1974, to 1974,
13. NAME John So. Maines 14. BIRTHPLACE (city or town) (State or country) Moaryland	Neme of operation
15. MAIDEN NAME Martha Tr. Willson 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT William W. Hoines (Address) 242 N. Market St.	What test confirmed diegnosis? Wes there en eutopsy?
18. BURIAL, CREMATION, OR REMOVAL Place Not Olivet Gene Moar 1, 1931	Manner of injury
19. UNDERTAKER Thomas T. Paise (Address) 4.06. N. Nowhet St. 20. FILED 2 7 5 25., 1931 - D. 2nd Cuchy Registrar	24. Was disease or injury in any way related to occupation of decaased? If so, specify (Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife housewer to Question 8 and own home in answer to Question 9. For a person engaged in donestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Gallstones

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "store," "worker," "mill," etc. State in stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the engineer, mining engineer, painter, etc. Avoid the term "laborer" when a more precise statement of the exact occupation, as carpenter, painter, etc.

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the woode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Other contributory causes of importance: r contributory causes of importance: obv shop g 1261'9 hin f Pertionitis Cerebral hemorrhage obo goon I Kun over by street car 1261 Chronic interstitial nephritis obv spom I Vilack of epilepsy 916IArteriosclerosis of importance were as follows: of importance were as follows: The principal cause of death and related causes bate of onset The principal cause of death and related causes Date of onset Example 1 Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SZ6I'I how

(iastroenteritis

apoh I

V. S. No. 1

PLACE OF DEATH County Fredu of	STATE OF MARYLAND CERTIFICATE OF DEATH
0	Registration Dist, No. / V / (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Charles 7 Naus	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WILDOWED, WILDOWED (Write the word)	16 DATE OF DEATH (127, 22 , 19[3] (Month) (Day) (Year)
o o DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 19220 to 715 22 , 198/
6 (Month) 20 (Day) 1 (Year)	that I last saw havealive on Helt, 22, 1971,
7 AGE 7 AGE 9 John Market Ma	. The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession or particular kind of work	arterio-sclerosis
(State or country)	(Duration) Tyrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrsds.
10 NAME OF FATHER FRANCE USS	(Signed) 158 ft. M. D. M. D. M. D. (Address) Mackets Mad
O Z (State or country)	State the Disease Causing Death, or, in deaths from Victorit Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hester Bohn.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos. ds. In the State Irs. c. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) M Harry Nusban	usual residence /// Care of BURIAL OR REMOVAL DATE OF BURIAL
(Address) Walkeroull!	Una Clafell . 2 / 24 , 193/
15 Filed 23-Felly 198/ oral medicales	20 UNDERTAKER MAS 15 9 July Maddress Mc Mc Mc Mark
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

er," etc., Spinner, (b) Cotton mill; (a) Sulesmon. (b) Grocery; (a) Foremon, (b) Automobile factory. The material additional line is provided for the latter statement; in nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enor At Home, and children, For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Architect, single word or term on Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISJEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis'); Diphtheria avoid use of 'Croup'); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia, Bronchopneumonia (''Pneumonia,''

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL scpticacomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heort disease, etc. The Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed laborer, Foreman, or At Home, and children, yrs). Farm laborer, Laborerwithout more precise specification as Day For persons (b) Automobile factory. The material who have no occupation -Coal mine, etc. not gainfully em-The ques-Grocery; Wom-

Stretement of Cause of Death—Name, first, the DIS-BARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart mure, "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles "PUERPERAL septicacmia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as unqualified, is indefinite); Tuberculasis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, cough; Committee on ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic The nature of the injury, etc. valvular heart disease Nomenclature The contributory etc., ol

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart etc. The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00

PLACE OF DEATH County Frederich Within the	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/-
Village of City Frederick (No. 9) 2FULL NAME Fannie Mo. Oh	St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME Instance of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED Semale White (Write the word)	16 DATE OF DEATH Fiel 5 , 198/ (Month) (Day) (Year)
6 DATE OF BIRTH Aug /3 , 1853 (Month) (Day) (Year)	17 JI HEREBY CERTIFY, That I attended the deceased from 26 1931 to 26 54 1931 that I last saw her alive on 76 54 1931
7 AGE 1 If LESS than I day hrs or min.?	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Haome particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos & ds
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER	Contributory State of time Cutoff. (Signed)
of Father (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary E. Winfrigler 13 BIRTHPLACE OF MOTHER (State of Country) Maaryland	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Hors John Van Abore (Address) Near Schleywille	Former or usual residence
15 Filed 7-Feley 1981. Ira McChurley Registral	Mot Olivet Cem Cet, 1991. 20 UNDERTAKER ADDRESS Thomas T. Roice Frederick.
If more b-anks are needed, addres a tate hopestre	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

household only (not raid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective cf fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular The contributory Always qualify all heart disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr Bourne

MAR 6 1931

BURJ

PLACE OF DEATH STATE OF MARYLAND within the Curriage multage CERTIFICATE OF DEATH Registration Dist. No. tion, give ita NAME in . of street and stead number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5-SINGLE 3 SEX COLOR OR RACE 16 DATE OF DEATH back Write the word) That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. or min.? RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN Secondary (State or country) (Duration) OG 10 NAME OF (Signed) FATHER (Address) 72 (i) [1] the Disease Causing Death, or, in ENT Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. の元 (State or country) 0 œ O LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) tate CUP/ CCU 13 BIRTHPLACE In the At place of death _____yrs.____mos.___ OF MOTHER State.....yra.....mos.. (State or country) 0 Where was disease contracted, should if not at place of dea.h?..... of Former or usual residence Every its CIANS stateme DATE OF BURIAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. state occupation at beginning of illness. If retired iron additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewije, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed laborer, Foreman, 01 For many occupations a Wrs). Farm laborer. At Home, and children, not gainfully emwithout more precise specification as Day For persons (6) Automobile factory. The material Laborer-Coal mine, etc. Womwho have no occupation single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-BALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fewer (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse, peritonacum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, Committee on Chronic " "Coma," "Convulsions, etc. valvular hcart disease; Nomenclature The contributory

If this certificate is looked over thoroughly and al questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU V.

STATE OF MARYLAND DESCRIPTION OF THE PROPERTY OF County tredench CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME II stead of street 2FULL NAME YOU number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be n back WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH REBY CERTIFY. That I attended the deceased that instruction (Month) (Vav) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min. BOCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in (Duration) ____yrs.....mos..... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) DA D OD 10 NAME OF hould (Signed). FATHER 1981 (Address) Fredery 11 BIRTHPLACE RENTS *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER 30 (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death (State or country) 0 Where was disease contracted, shouid if not at place of death? Every item CIANS sho Former or usual residence If more banks are needed, address State Registrar, 16 W/Saratoga St., Balto., Requesting V. S. No.

PLACE OF DEATH

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from er," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealsary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmet (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Solesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Coup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (seeondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Debility" ("Congenital," (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Exhaustion," Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse, peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "Heart failure," "Haemorrhage," Chronic Carcinonna, Sarcoma, etc., of ," "Coma," "Convulsions, etc. valvular heart discase The contributory

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

,	PLACE	OF	DEATH	
Co	unty Tr	20	Errick	<



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No./3

Village or City Mbana (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRIED, Manual WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
June 11, 1863	[193). to /thy 27 , 198).
(Month) (Day) (Year)	that I last saw har alive on 26, 1931,
AGE If LESS than I day hrs.	and that death occurred on the date stated above, at 3.3 Am. The CAUSE OF DEATH * was as follows:
67 yrs. 8 mos. /6 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Peline Housen	a fue aggressed the constin and
(b) General nature of industry	The end come in manic coma
business, or establishment in which employed or (employer)	(Duration) 1 \(\frac{1}{2} \) yrs. mos. ds.
BIRTHPLACE (State or country) Freds & Med	Contributory Secondary
FATHER Cohes. W. Droneul	(Signed) / Cly / M. D.
11 BIRTHPLACE	The 27 181 Address) Breeze town
OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Ann Rebecca Dutrow	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place In the of deathyrsmosds. Stateyrsmosds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Charles Pyles	Former or usual residence
(Address) Urbana med.	Mbava Md. Rech. 1. 1931
Filed Macly 198/90 Hullrekner	20 UNDERTAKER ADDRESS
	16 W. Saratoga St., Balto., Requesting V. S. No. 17

V. S. No. 1

m

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it whatever, write None. busine, that fact may be indicated thus; Farme reor given up on account of the DISEASE CAUSING DEATH gaged in domestie service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed laborer, Physician, Compositor, Architect, Locomolive engineer, Foreman, (b) Automobile factory. The materia to know (a) the kind of work and also (b) the For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Dug For persons who have no occupation (b) Grocery.

Statement of Cause of Death—Name, first, the DE-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashing fever (the only definite synonym is "Epidemic cerebrashinal meningitis"); Diphtheria avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia," Typhoid fever (never report "Typhoid fever (never report "Typhoid fever (never report "Typhoid fever (never report "Typhoid fever fever

(secondar/ or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicularia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all atic), "Atrophy" "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonueum, etc., Carcinoma, Sareoma, etc., of name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menrelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of Never report mere symptoms or terminal eondi cough; (hronic valvular heart disease, etc. The contributory "Haemorrhage,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is excential and must be obtained before the certificate is permanently filed

Coa

3

PLACE OF DEATH County Frederick Within the Corn	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /3/=
ViNage of City Hrederick (No. 316 6.	Satsich St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Fieb 7 , 1981 (Month) (Day) (Year)
Month 13 , 1930 (Month) (Day) (Year) 7 AGE IfLESS than	17 I HEREBY CERTIFY, That I attended the deceased from
o yrs. 8 mos. 24 ds. or min.? a occupation (a) Trade, profession or particular kind of work (b) General nature of industry	The CAUSE OF DEATH * was as follows: Custle cellershiled Replanter
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER John Mo. Toay 11 BIRTHPLACE	(Signed) (Address) (Duration) yrs. mos. ds. ds. (Address)
OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, it not at place of death? Former or
(Informant) Mors. John Mo. Bay (Address) 316. Gast Patrick St 15 Filed 8 Fety, 1931= from Registrant	19 PLACE OF BURIAL OR BEMOVAL Servistown bem 20 UNDERTAKER Thomas J. These Frederick
If more banks are needed, addre.s tate kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise special and as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, · tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr Brandfield

_	
o Z	1
å	
4	1
>	

	1PLACE OF DEATH	01868 STATE OF MARYLAND
	county Threderick Cely Hospila Tom	STATE OF MARYLAND CERTIFICATE OF DEATH
	D a let T	Registration Dist. No. 131
	Village or City Hulderick (No. Fredk	Mard) (If death occurred in a hospital or institu-
	2FULL NAME MISS & Sfie Penson	tion, give its NAME is- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Fomale While Single, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 192 2 6 , 193 / (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	March 16, 1912	19el 2 2 1951. to 14el 26 , 1951.
	(Month) (Day) (Yesr) 7 AGE (IfLESS than	and that death occurred on the date stated above, at
	I day hrs.	The CAUSE OF DEATH * was as follows:
-	O yrs. ds. or min.?	B. D. Suride
L	(a) Trade, profession or particular kind of work	Tuchional Jordaning
2	(b) General nature of industry business, or establishment in	4
V	which employed or (employer)	Contributory (Ille Supple Alssing Pridue
	9 SIRTHPLACE (State or country)	Secondary
	10 NAME OF FATHER	(Signed) Wm M. Smith M. D.
	TI DIDTHELACE TENNY Y CHIMINING	MODEL 1981 (Address) Trederick, Md
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER CLENTA DOGGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of death yrs mos, ds, State yrs ds,
	(State or country) / / amxana	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or L1
	(Informant) / Lettel / Christing	19 PLACE OF BUHAL OR REMOVAL DATE OF BURIAL
	(Address) Middlelowy HAA-	Middletown. Md Felor Che 1: 30 31
	Filed 27 - Fiel. 1981 - D. Dra Jus Custon	E. T. 12. Dallie Middletour No
	If more blanks are needed, addre a Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationery fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deulor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) At Home, and children, without more precise specification as Day For persons, who have no occupation (b) Automobile factory. The material If the occupation has been changed single word or term on not gainfully em-The ques-Grocery; Won1-

Stritement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Eiphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Ou Age, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile", "Exhaustion," "Heart failure," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association,) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." (secondary or intercurrent) Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJUNY interstitial nephritis, by cough; Committee on Nomenclature Chronic Example: Measles (disease "Senile," etc.), "Dropey, affection need not be etc. valvular heart disease The contributory "Dropsy, of the

If this certificate is looked over thoroughly and a'l questly answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR

2

PLACE OF DEATH	01869 STATE OF MARYLAND
County Flederick	CERTIFICATE OF DEATH
County	Registration Dist. No. 12/=
Villago or City + le derechoro	Caute St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and
2FULL NAME Enfaut	Lensluy. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marieb, Widowed White Michigan (Write the world)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, They I stended the decessed from
6 DATE OF BIRTH	John 3 13/ 116 7 3 13/
(Month) (Day) (Year	that I lest saw helive on 192
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH * was se follows:
yrsmosds. ormin.?	Steel brew Premoturely
(a) Trade, profession or particular kind of work	The view. View many
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE (State or country) Flederick Ud,	Contributory Secondary () (Typsio) () yrs mosde.
FATHER I'M Remobile	(Sifed) 3 3/ 1 Fud. Md.
STATE (State or country) 11 BIRTHPLACE OF FATHER (State or country)	State the Discose Causing Death, or, in deaths from Vident Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Galdie Dummus.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country) Or only Or of Mother (State or country)	At place of death yrs mos de. State yrs mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
/m Nimbrug	Former or usual residence rear Frederick
(Informant) frederich MA	19 PLACE OF BURIAL OR PEMOVAL DATE OF BURIAL 4 Felly, 19 2!
Filed 3-Februay 921 Day heleude	Williams Remaly Near Frederic
Is an block are peeded address State Registral	15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. As cramples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Aever return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Spinner, (b) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write Nanc. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day Colton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; obbar pneumonia, Bronchopneumonia ("Pneumonia";

stated unless important. as fracture of skull, and consequences (e.g., sepses, tetanus) may be stated under the head of "contributory". "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failurc," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brouchopneumonia (secondary) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The cont use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL taken. For violent deaths state means of injury State cause for which surgical operation was under-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) approved by (name origin; "Cancer" is less definite; avoid Committee on etc. The contributory Nomenclature Always qualify all Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

MAR

of infor

OCCUPA

should

LION

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

REMEIVED		Example II	
The principal cause of death and related causes of importance were as follows 6 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti UREATT V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		• DECEMBER 1991	

ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and

number.)

(Month) (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows:

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

ADDRESS

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of cupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm toporer, Laborer via men, who are engaged in the duties of the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, (b) For many occupations a single word or term on or At Home, and children, Farm loborer, (b) Cotton mill; (a) Solesman. (b) Grocery. without more precise specification as Day For persons who have no occupation Automobile factory. The Laborer--Coal minc, etc. Wom-Locomotive not gainfully emmaterial engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitiol nephritis, Whooping diseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a dcfinite disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., ot cough; Chronic valvular heart discase; nephritis, etc. The contributory Nomenclature Measles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Dr. Hedges

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired trom business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

should be called a salesman and not a clerk,

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Fin

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, of the occupation can be secured. Distinguish carefully between retail merchanics and wholesale merchanis. A person who sells goods machinist, etc.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

รอนอารกุษ	2261,1 yo M	Gastroenterilis		I year
ler contributory causes of importance:		Other contributory causes	es of importance:	
				g-management of
erebral hemorrhage	7261, 3 thu l.	Peritonitis	ECFILEDI	3 quals ego
kitirdən İnilistəini əinord	1261	Kun over by street car		ा कल्लू वर्ष
rterioselerosis	9161	Allack of epilepsy	MAR 6 194	obo yoom I
he principal cause of death and related causes fimportance were as follows:	fazno to atsd	The principal cause of do	2217 11 1	Date of onset
Example 1			xample 11	D

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

And the second second	PLACE OF DEATH County Trederick.	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Reducik Rocky Hos	Registration Dist. No. S. St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, MARRIED, Married. Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 193 (Month) (Day) (Year)
	4 Leby - 23=, 1870	17 I HEREBY CERTIFY, That I attended the deceased from
1	(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) If LESS there day hrs. or min.? B OCCUPATION (a) Trade, profession or a sticular kind of work and the standard in the st	and that death occurred on the date stated above, at
Care Care Care Care Care Care Care Care	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Manufactual,	Contributory Contr
	10 NAME OF FATHER D. G. F. State or country) 12 MAIDEN NAME (12 MAIDEN NAME (12 MAIDEN NAME (13 MAIDEN NAME (14 MAIDEN NAME (15 MAIDEN NAME (16 MAIDEN NAME (17 MAIDEN NAME (18 MAIDEN N	(Signed) (Duration) Tyres mos decidents (Signed) (M. D. M. M. M. D. M. M. M. M. D. M. M. M. M. M. D. M.
	12 MAIDEN NAME OF MOTHER Jama Heller, 13 BIRTHPLACE OF MOTHER (State or country) Manyland,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
	(Informant) S. Edgar Swith.	Where was disease contacted, if not at place of death? Former or usual residence MML MML MML
	(Address) Mt. Ciry, Md.	Drospect Cerety. Tely 23:193/ 20 UNDERTAKER ADDRESS
	Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer Cestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servani, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocor At Home, and children, especially in industrial employments, it is neces-For many occupations a Farm laborer. Laboreryrs). without more precise specification as Day For persons If the occupation has been changed who have no occupation single word or term on -Coal mine, etc. Womnot gainfully em-

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EAL CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a dcfinite disease tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease, and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state Exact statement of OCCUPA-PERMANENT RECORD. Every item of infor-PHYSICIANS stated EXACTLY. be properly classified. See instructions on back of certificate. IS -THIS AGE should be CAUSE OF DEATH in plain terms, so that it may WITH UNFADING INKmation should be carefully supplied. TION is very important. -WRITE PLAINLY,

FOR BINDIN

RESERVED

MARGIN

STAT	E OF MAR	YLAND-	CERTIFICATE OF DEATH 01874	
1. PLACE OF DEATH	Within	The Co 91 au	(7)	
County Frederick	W A LA LA LA		Registration Dist. No. / 2/-	
Village or City Frede	rick		No. 136 B. South St., St.,	Ward
Length of residence in city or town	whera daath occurrad9	7 yrs 9 mos	death occurred in a horpital or institution, give its NAME instead of street and number 14. ds. How long in U.S. if of foreign birth?yrsmos	er) ds.
2. FULL NAME Harry	Harrison Smit	th , Jr.,		
(a) Residence: No. 136	E. South St.		St., Ward.	
	(Usual piace		If nonresident give city or town and State	
PERSONAL AND STA			MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RA		RIED, WIDOWED, D (write the word) D (1 (Yoar)
a. If married, widowad, or divorced HUSBANO of			22. HEREBY CERTIFY That attended decea	and from
(or) WIFE of			act - Brown They of	3/
6. DATE OF BIRTH (month, day, and year	May 7, 1921		Hast saw h Um' aliva on Tiley Do 1 1 das	th is said
7. AGE Yaars Mor		If LESS than	to have occurred on the date stated above, at _ 5 . 30A	
9	9 14	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
8. Trade, profassion, or perticular kind of work dona, as SPINN SAWYER, BOOKKEEPER, etc	ER. At home	1 07	Encephalities, probably of	which
9. Industry or business in which	Student		lethargie type Curgo	1930
work was done, es SILK MILL SAW MILL, BANK, atc	·,		techange type twood	
10. Oate decessed last worked at this occupation (month and year)	Sper	ime (years) Int in this Upation		
12. BIRTHPLACE (city or town) Ma.:	ryland		Other Coatributory Causes of importance:	
v 1	the Co			
13. NAME Harry H. Sm	Iowa.			
14. BIRTHPLACE (city or town) (Steta or country)	LONGS		Nama of operation Oate of	The
1	May Orem.		What test confirmed diagnosis? Wes there an autops	y?
	Maryland.		23. If death was due to external causes (VIOLENCE) fill in also the following:	10
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury, Where did injury occur?	19
	Smith.		(Specify city or town, county and State)	
(Addrass) Frederick	, Mđ.	* • • • • • • • • • • • • • • • • • • •	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			Menner of injury	
Place Mt. Olivet Cer	m.Fredata Deb.	23. 1931	Nature of injury	
19. UNDERTAKER M. R. Etch: (Addrass) Frederick.	ison & Son,		24. Was disease or Injury In any way related to occupation of daceasad?	
20. FILED 23 - Felry, 1931	Ira hul	Lucly: Register.	(Signed) Address) And de rick M	ld.
	If more blanks are needed, a	address Staff Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

TO THE REAL PROPERTY.	Example I		Example II	
The principal cause of de of importance were as fol	ath and related causes lows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	MAR 6 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	The state of the s)
		TECORD

PLACE OF DEATH

	County F	rederick					TE OF DEATH
Vil	llage or Cit	Frederick	Fre (No	derick Ci	ty Hospital		n Dist. No. /2/=
	²FU	ILL NAME IN	Maria	Zo			o hospital (r instit tion, give its NAME i stead of street as number.)
	PERSO	NAL AND STATIST	TICAL PARTICULA	ARS	MEDIC	CAL CERTIFICATE	E OF DEATH
	emale	4 COLOR OR RAC	MARRIED, Wid WIDOWED, OR DIVORCED (Write the word)	.ow	6 DATE OF DEATH		
6 0	DATE OF BIR	March	9th.,	844	Jan 3	0 192/. to 8	ottended the deceased fro
7 A	AGE	(Month					ed above, at 3 20 A. n
		86 yrs. 10	00			TH * was os follows:	
8 (a) Trade, pr			***************************************	Cerebras	Naems	whale
. 5	articular Kir	nd of work	ewile		No	iplora	
		establishment in			Un	Duration)	ута мов
v	hich employ	yed or (employer)	•			Duration)	uni. Gen lity
vi	hich employ	yed or (employer) Juntry) Virginia			Contributory Secondary	(Duration) (Suration) (Duration)	yra mns d
9 E	Hich employ BIRTHPLACE (State or co	untry) Virginia Dr James A. P		(3)	Contributory Contr	Justin (Ouration) Justin (Address)	Lease Mos Myselvier Md
9 5	Hich employ BIRTHPLACE (State or co	James A. P. James A. P. James Va.			Signed)	(Address) Dear tate (1) Means of or Homicidal.	yra mns d
RENTS	Hich employ BIRTHPLACE (State or co 10 NAME C FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTI 18 BIRTHP OF MOTI	James A. P. James A. P. ACE HER Va. INDICATE VA. NAME Margaret LACE	almer.	Tie A	Contributory Secondary Signed) *State the I Violent Caus-s, s Accidental, Suicidal B LENGTH OF RE ients or Recent Re it place death yrs	(Address) (Addre	Jyrs
PARENTS	Hich employ BIRTHPLACE (State or co 10 NAME C FATHER 11 BIRTHPL OF FATH (State o 12 MAIDEN OF MOTI 18 BIRTHP OF MOTI (State o THE ABOVE	James A. P. James	Meridith.	A of	Contributory Secondary Signed) *State the I Violent Caus-s, s Accidental, Suicidal B LENGTH OF RE ients or Recent Re it place	(Address)	Jyrs
PARENTS	Hich employ BIRTHPLACE (State or ce 10 NAME C FATHER 11 BIRTHPL OF FATH (State o 12 MAIDEN OF MOTI (State o THE ABOVE	James A. P. James	Meridith. a. ST OF MY KNOWLED	A of	Signed) *State the I Violent Caus-s, s Accidental, Suicidal B LENGTH OF Resistants or Recent Resistants to place ideath yrs	Duration) (Outation) (Address) (Address) Discase Causing Dead tate (1) Means of or Homicidal. SIDENCE (For Hose idents) In Street, the contracted, the contracted tate (1) Means of or Homicidal.	DATE OF BURIAL

Within the Corperate purity

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day Spinner, Physician, Compositor, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serual, Cook, worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: *Cerebrosynial fever* (the only definite synonym is "Epidemic eerebros inul meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., "PUERPERAL septicaemia," "PUERPERAL peritonitis, ean be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underletanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL diseases approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; " "Marasmus, Chronic Carcinoma, Sarcoma,, etc., of " "Old Age, " "Shock," etc. valvular heart disease; The contributory "Dropsy, Mensles;

If this certificate is looked over thöroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate to permanently filed.

MAP 6

MAP 6

MAP 6

BULL

MAP 6

	PLACE OF DEATH	018
	County Frederick	92-0
v	Tillage of City Ulmonwille (No.	
	2FULL NAME & phriam &m	mode
	PERSONAL AND STATISTICAL PARTICULARS	N
3	Male Black Single, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF D
6	DATE OF BIRTH Dec. = 10 = , 1866 (Month) (Day) (Yesr)	17 JEJS
77	AGE G + yrs. T mos. ds. If LESS than day hrs. or min.?	
9	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manyland,	Contributor Secondary
S L N H	(State or country) Carpenoron	(Sixed)
PA	13 BIRTHPLACE OF MOTHER (State or Country) Manyland,	At place of deathyrs Where was dises
14	(Informant) Maggie Snowden	Where was dises if not at place Former or usual residence
	Manager Most. Cerry, med)	Mooch
15	Filed Fet 24 19831 Wno 24. Clay	20 UNDERTAR

STATE OF MARYLAND

01876

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

CERTIFICATE OF DEATH. Registration Dist. No. 147

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
	= 73 = 19 2 /.
17 HEREBY CERTIFY, That Natte	(Day) (Year) (Year) nded the deceased from 23 , 1931
	- 22 , 1934 ,
and that death occurred on the date stated and the CAUSE OF DEATH * was as follows:	
Valvulas dinere o	1 HEOR
(Durstion)	yrs 0 mos O de
ContributorySecondary	
(Speed) (Duration) (Duration) (Speed) 70. 7507	M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ary and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitz	ls, Institutions, Trans-
At place In the State. State.	yrsmosds.
Where was disease contracted, f not at place of death?	***************************************
Former or usual residence	2 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mandrille Decerty	DATE OF BURIAL
O UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (o) Foremon, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospikul fever (the only definite synonym is "Epidemic cerebrospikul spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	01877 STATE OF MARYLAND
County Treslevels' Within the	CERTIFICATE OF DEATH
l 0 10.00 11 1 f	Registration Dist. No. 2/ =
Village or City useuch College. Hospital	St.: Ward) (If death occurred a hospitel or institution, give its NAME is stead of street are number.)
-FOLE NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 / 6 / 3 / 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
n = 3 = 19/0	Fil 192/ to Fit 16 , 198/
(Month) (Day) (Year)	that I last saw h & alive on F. 16 , 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 10:30 P
1 day hrs or min.	The CAUSE OF DEATH * was as follows:
yrsde. ormin.;	Islan humorus
(a) Trade, profession or particular kind of work	Parameter CLF:
(b) General nature of industry	Typus and the second second
business, or establishment in which employed or (employer)	(Duration) vis. mos.
BIRTHPLACE (State or country) Many land	Contributory Secondary
10 NAME OF	(Durstion) yrs mos.
FATHER Jerome Drugder	(Signed) M. I
II BIRTHPLACE OF FATHER	192 (Address)
Z (State or country) Mangkerted:	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gladys I Colley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country) Maryland,	of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Derome Anyder.	Former or usual residence but liny mad
RAJANDO Mt. april 2002	Heasant Hillanty Febry = 19 = 198
15 Filed 17-Felley 1981 Day Melule	6. M. Halts. Wrentield und

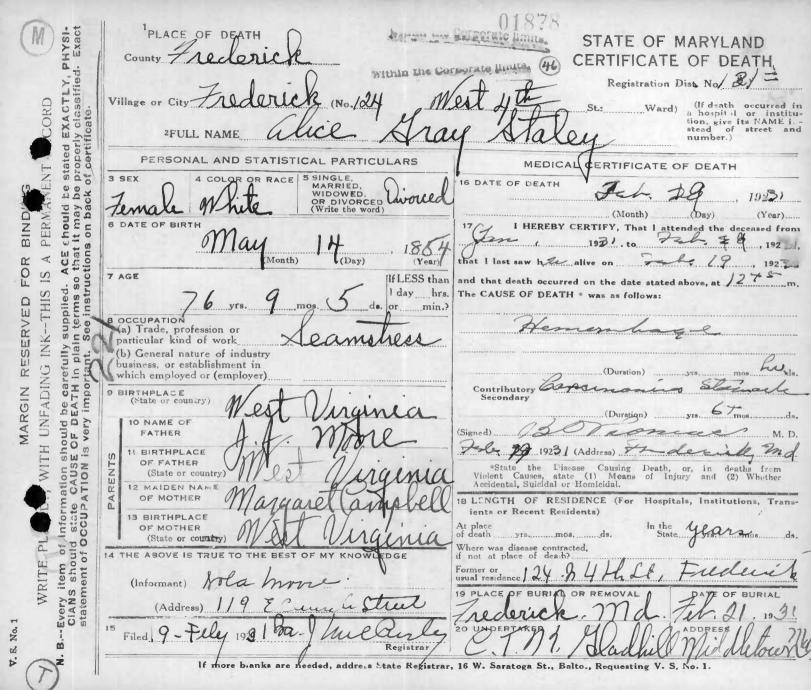
(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrumt, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write Nonc. business, that fact may be indicated thus; Farmer (rcployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many oecupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b)

Statement of Cause of Death—Name, first, the Disabase CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease, etc. The eontributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (h) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (e-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Physician, Compositor, Architect, first line will be sufficient, e.g., Farmer or Planter Foreman, For many occupations a single word or term on yrs). For persons (b) Automobile factory. The materia Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the pre-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Corebros photofewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"), Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> CAmerican Medical Association.) as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscurriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Ha "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasus); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic affection etc. The contributory valendar heart Nomenclature need not be " Shock," Measles; discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

R.E.A

(a) Resid	John J	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSO	DNAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE o	of			22. I HEREBY CERTIFY. That I attended deceased from Frb 24 1931, to Frb 25 1931
6. DATE OF BIR	TH (month, day, and year)	lov. 3, 18	359	I last saw h_ / who alive on F. 26 25 , 19 3/; death is said
7. AGE	Years Months 71 3	Days 22	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated abova, at 8.3QA.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
9. Industry work SAW 10. Date dec this c year)	ordession, or particular of work done, as SPINNER, of work done, as SPINNER, or business in which was done, as SILK MILL, MILL, BANK, etc	_/31 11. Total t spa ocal	erchant ime (years)50yrs nt in this upation	Other Contributory Causes of Importance:
™ 13. NAME	Simon J. Stauf	fer.		
13. NAME 14. BIRTHPL (Stat	ACE (city or town) Maryle or country)	and.		Name of operation Date of Date of Was there an autopsy?
	NAME Rebecca Cr ACE (city or town) Maryl e or country)	-		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address	Mrs. Ella N. S Walkersville, MATION, OR REMOVAL Olivet, Frederic	Md.	. 27. 19.31	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury
19. UNDERTAKEI (Address 20. FILED	M. R. Etchison Frederick, Md.	n & Son	an Viria	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREA	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

PLACE OF DEATH

County Orederiele

tated EXACTLY, Properly classified. certificate. PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) 7 AGE IIf LESS than I day hra. B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER ENTE OZ (State or country) 20 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME tete ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death ... (State or country) 00 Where was disease contracted, houle if not at place of dea.h?..... MY KNOWLEDGE Former or usual residence (9) Every ite CIANS si statemer If more blanks are needed, address State Registrar, 16

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No./2/

within the Corporate Hungay (If Reath occurred in ospital or institution, give its NAME is stead of street and number.)

CERTIFICATE OF DEATH

(Day) That lattended the deceased from

and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

(Duration) ...

the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether

LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

Spratoga St., Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative health-Housemail, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. laborer, er," etc., Spinner, nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business. that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Foreman, O. For many occupations a single word or term on yrs). Farm laborer; man, (b) Automobile foctory. The material At Home, and ehildren, without more precise specification as Day For persons Laborerwho have no occupation -Coal mine, etc. not gainfully em-The ques-Wom-

Statement of Cause of Death—Name, first, the Disease Crusing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

curbolic acid—probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL scpticaemia," "PUERPERAL perilonitis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, (name origin; "Caneer" is less definite; avoid (Recommendations on statement of cause of or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Alway's qualify all "Exhaustion," "Debility" ("Congenital," Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma, perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nophritis, cough; "Heart failure," "Haemorrhage, Chronic Carcinoma, Sarcoma, etc., oi etc. valvular heart disease The " "Convulsions, contributory

PLACE OF DEATH

1	0
1	Every item of information should be carefully supplied. ACE should be stated EXACTLY, F CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate.
Q	- 00
- X	Tage to
0	Xoa
H	7
	ec oc
-	Co
Z	S 0 0
	K Se
H UNFADING INKTHIS IS A PERMANE	axa
2	En d
HH.	t to
0	(i) (ii)
×	E C C
r/o	A
-	- 08
IS	98
I	E E
7	te o
¥	Se
Z	, a .
7.8	D o c
2	in in
=	WI O
7	A TE
L	0 m =
Z	200
رسہ	NO N
工	in in
11	SON
15	0 ¥ 0
-	HOH
	For
Z	2 E S
	O a E
PI	400
WRITE PLANE, WITH UNFADING INKTHIS IS A PERMANENT ECORD	-Every item of lightermation should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
TE	H T
8	ite Bel
3	720
	AA
	E C E
	1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CEPTIFICATE OF DEATH
County Freeder Within the Corp	Registration Dist. No. 13/5
Village or City Frederick (No. Frederic	h (lu hali) - in (16 death accurred in
2FULL NAME Mr. Christoph	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. /3 , 198 / (Month) (Day) (Year)
6 DATE OF BIRTH October 5 1837.	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw ham alive on July 3 , 1927,
If LESS that	
73 yrs. 4 mos. 7 ds. or min.	
8 OCCUPATION (a) Trade, profession or	Assuig Regulation
particular kind of work Munt (b) General nature of industry	" (Ang torsions all the
business, or establishment in which employed or (employer)	(Duration) yrs., mos. ds,
9 BIRTHPLACE	Contributory Unitity and Hypertrashed
(State or country) lunaugland.	Secondary (Duration) yrs mos ds.
FATHER Frederick Stattlenger	(Signed) Austria Gasse M.D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TO THE MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Jouise Shildrecht	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. 19 de. In the State mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, management if not at place of deah?
0 0 0 0 4 440	Former or usual residence
(Informant) & arale & Stollleugh	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
(Address) Frederick book	Sale Cem Fredly (or 16 Fely, 103/
15 Filed 18- Felly 1981 Da Lucliudy Registrar	20 UNDERTAKER ELLIVORY Fry Smelling
If more blanks are needed, address State Registro	ar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.
	/ mad

01881

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfuluess of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH gaged in dome-tic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary; may be entered as Housewife, Houseer," etc., without more precise specification as Day Jaborer, Farm laborer, Laborer—Coal minc, etc. Womnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return" Laborer, ""Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). man, (b) Automobile factory. The material For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup fover (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accent-BATE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> capproved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory not be

answered in detail, it will prevent further correspondence. permanently filed. data is If this certificate is looked over thoroughly and all questions essential and must be obtained before the certificate is All the

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. fired 6 yrs.). For persons who have no occupation Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, If the occupation has been changed and children, not gainfully em--Coal mine, etc. Wom-

Ease causing death—Name, first, the discrete causing death—Name, first, the discrete causing death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accept ded term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Edidentic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") I spinal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the discuses resulting from childbirth or miscarriage as conditions, such as "Asthenia," "Anaemia" (merely ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For "PUERPERAL septicuemia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon," "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; Accidental drowning; Struck by railway VIOLENT DEATHS STATE MICANS OF INJURY Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcasles (disease etc. The contributory (second-

V. S. No. 1

I	1)	PHYSI-
	CORD	ACE should be stated EXACTLY, PHYSI- that it may be properly classified. Exact
(p.	S A PERMANENT CORD	be stated be properi
OR BINDING	PERMA	should it may
OR	SA	ACE that

	1 DI ACE	OF DEATH		/	01883	STATE OF I	AADVI AND
	FLACE	OF DEATH			~		
	County Fr	ederick	WHAT the f	errectio i	940	CERTIFICATE	OF DEATH
			weekly the		771	Registration l	Dist. No. 12/7
Vi		y Frederick DLL NAME Mrs. M	(No. <u>43</u> 8 Aargaret A. M. S	_W. Pa		St.: Ward)	(If death occurred is a hospital or institu- tion, give its NAME in stead of street and number.)
	PERSO	NAL AND STATIST	ICAL PARTICULARS	3	MEDIC	AL CERTIFICATE	OF DEATH
	sex male	4 COLOR OR RACE	WIDOWED, OR DIVORCED	16	DATE OF DEATH	February	7th., 19231
			(Write the word)				(Day)(Year)
6 1	DATE OF BII	RTH		17	Fal 1		ended the deceased from
		April		354			
		(Month					, 192
7 /	AGE						above, at 1.25 A. m.
		76 9 yrs.	10		CAUSE OF DEA	TH * was as follows:	212
-	b) General in the same of the	rofession or nd of work HOUSE nature of industry establishment in yed or (employer)	ewife	**************************************	Contributory Secondary	2 1- 500	yre mos /2 de
	(State or co		nd	***************************************		(Durstion)	
h	10 NAME (erman.	(Si	gned) Te	ork	model Mid
RENTS	OF FATI (State of) (Address) Disease Causing Death, tate (1) Means of In or Homicidal.	or, in deaths from jury and (2) Whether
PARE	12 MAIDEI OF MOT		A. Beard			SIDENCE (For Hospi	tale, Institutions, Trans
		HER Md.		At of W	place deathyrs	nosds. In the stracted.	Life mos de
14		t) Mrs. Howard	Ouinn.	For	not at place of des mer or nal residence		
		Frederick			PLACE OF BURIA		DATE OF BURIAL
15	``		-1 400	A	Widdletown I	utheran Cem.	Feb. 9th 19.31
	Filed 7-	Elly 1921 00	w muu	w,	n mala	an & Can	The daniels Wa

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Forcman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), "cumor" for malignant neoplasms); Measles; cough; Chronic valvular heart disease; Chronic · valvular heart disease; affection need etc. The contributory not be

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the disease causing Death gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered a Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborerer," etc., Never return "Labo"er," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman. (b) Automobile factory. Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; should be used only when needed. Civil engineer, Stationary fremen, etc. But in many whatever, write None. fired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. to report specifically the occupations of persons en-Statement of Occupation -- Precise statement of oc For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-As examples: (a) The materia

Statement of Cause of Death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pacumonia, Bronchopneumonia ("Pneumonia,")

ary), 10 ds. Never report mere symptoms or stated unless important. Example: Meastcs use of "Tumor" for malignant neoplasms); Measics; inges. peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Bxhaustion," "Heart failure," vulsions," symptomatie), "Atrophy," "Collapse," eonditions, such as "Asthenia." causing (secondary or Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck as probably such, if impossible to determine definitely State cause for which surgical operation was under "PUERPIRAL soplicacinia:""PUERPERAL peritonitis," "Uraemia," "Weekness," etc., when a definite disease Nomenclature of the American Medical Association.) (name origin; "Cancer" is less definite; avoid -uccident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY death). 29 ds.; Bronchopneumonia (e. g., sepsis, totanus) may be stated under the the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), intercurrent) affection need (Recommendations on state-"Anaemia" "Coma," by railway "Haemor terminal (second-(disease not be (merely "Conor



V. S. No. 1

County F	E OF DEATH			Porate Mair	CERTIF		IARYLAND OF DEATH
	Frederick Ci			City Hospital	St.:	Ward)	(If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSO	DNAL AND STATIST	ICAL PARTICUL	ARS	MEDIC	AL CERTIF	ICATE O	F DEATH
3 SEX	4 COLOR OR RACE	S SINGLE. Wic MARRIED, WIDOWED. OR DIVORCED (Write the word)	low	16 DATE OF DEATH	Fel (Mo	3 y	/7 , 193
6 DATE OF B	February		, 1.859 (Year)	1	1926 . t	· Til	nded the deceased from
7 AGE	72 0	2	If LESS than I day hrs. or min.?	1	red on the da	ate stated	beve, at Z 25
(a) Irade, I	profession or			and described and a state of the state of th	***************************************	V	. To had be right on passessessessessessessessessessessessesse
particular k (b) General business, or		sewife		Contributory Secondary		* **	dsds
particular k (b) General business, or which employed (State or of State or of	nature of industry establishment in oyed or (employer) Ecountry) Ohio CF Charles Lei PLACE			Secondary (Signed) T. Cla Fuly 17 193	Dure L (Address)	tion) uten 13 u	M. D.
particular k (b) General business, or which employed business, or which employed by the second state or control of the second state o	nature of induatry establishment in oyed or (employer) Ecountry) Ohio OF R Charles Lei PLACE HER or country) German EN NAME	ner.		(Signed)	(Address) isease Causing ate (1) Mear or Homicidal.	tion) J3 g Death, ns of Inju	yıs
particular k (b) General business, or which employed busin	nature of induatry establishment in oyed or (employer) Ecountry) Ohio. OF R Charles Lei PLACE THER Or country) German EN NAME THER Philipi PLACE THER Or country) Germany Germany Germany Germany	ner. Y na Rice.		(Signed)	(Address) is ease Causing ate (1) Mear or Homicidal. SIDENCE (Forsidents)	tion) J3 g Death, ns of Inju	or, in deaths from 2ry and (2) Whether
particular k (b) General business, or which employed business, or which employed by the second state of the second state or the second state of th	nature of induatry establishment in oyed or (employer) Ecountry) Ohio. OF R Charles Lei PLACE HER or country) German EN NAME THER Philipi PLACE	ner. y na Rice. r of MY KNOWLE	DGE .	(Signed)	L. (Address) isease Causing ate (1) Mear or Homicidal. SIDENCE (Forsidents) nos. 3ds, racted,	g Death, ns of Injurer Hospital	or, in deaths from 2ry and (2) Whether

01855

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremon, etc. But in many state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (76 or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foremon, For many occupations a or At Home, and children, yrs). Form loborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. single word or term or not gainfully em-The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telonus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, Whooping cough; American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troin "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, 'Congenital,' "Senile,' etc.), "Dropsy,
," "Heart failure," "Haemorrhage, Chronic etc. valvular heart The contributory disease;

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer veor given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Form laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material -Coal mine, etc. not gainfully em-. (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the pris-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> occident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., scpsis, corbolic ocid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinomo, Sorcoma, etc., 61 teianus) may be stated under the head of "contributory." unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train .. (name origin; "Cancer" is less definite; avoid interstitial nephritis, etc. The contributory FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic volvulor Always qualify all heart disease; not be

(M	PHYSI-	-
	WRITE PI NI WITH UNFADING INK-THIS IS A PERMITER ECORD	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in pigln terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
5.	ENT	e state e prope	
STO ALL	ERM	hould to the may be on back	
מצט	IS A P	ACE so that i	
VED	-THIS	terms e	No.
と言いれて	G INK-	ant. Se	0
MARGIN ALDERVED FOR DINDING	FADIN	EATH I	1
MA	TH UN	should SE CF D	
(WI	cAUS	
	P	of Infor	
	VRITE	item (18 shou	
(7	S. Even CIAN State	
		N.	

V. S. No. 1

County Tridines	CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH
	Registration Dist. No. 14/
Village or City Tunnal (No.	St: Ward) (If death occurred in a hospital or institu
2 FULL NAME THENRY James W	a nospital of institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 46. 96, 1901
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
May 1 185=5-	- 193/. to 44 30 , 193/
/ (Month) (Day) (Year)	that I last saw h alive on 1993/
7 AGE If LESS than	
75 yrs. 9 mos. 20 ds. or min.?	
OCCUPATION	50. green 0 700
(a) Trade, profession or Maravel	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE	Contributory Secondary
(State or country) Original.	Quretion) / tyrs. a mos de
10 NAME OF	(Signed) Xarii Wolf M.D.
FATHER Henry Wall	120 91 31 Ben sundeh
11 BIRTHPLACE OF FATHER (State or country) Congland	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Irans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER Constant.	At place of deathwrsmosds. In the Statewrsmosds
(State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of deah?
1 H Ford	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Junious Pron	Wheeling WIVa Feb. 20, 1931
Filed Ful- 20 1921 Mas 4 8 Augusta	20 UNDERTAKER JULIOUN PRODRESS
7.5	-4 + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at bome, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on Stationary freman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the Disbase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

3

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. affection need not be valvular heart disease; The contributory Measles ;

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE C	OF MAR'	YLAND-	CERTIFICATE OF DEATH 01	858
1. PLACE OF DEATH	, p-0		(II)	,
County Frederick		· · · · · · · · · · · · · · · · · · ·	Registration Dist. No. / 2	/=
Village or City Frederic	k Within t	ne Corporate		Ward
Length of residence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and . 14 ds. How long in U.S. if of foreign birth?	
2. FULL NAME William Be	th St.	IKGI.	01 20.4	
(a) Residence: No. W. Fili	(Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED, (write tha word)	21. DATE OF DEATH	
male white	single		February 02,3,	, 1937 (Tear)
5a. If married, widowed, or divorced HUSBANO of				
(or) WIFE of			22. 1 HEREBY CERTIFY, That I attended	10 A
6. DATE OF BIRTH (month, day, and year) Ar	oril 29. 1	915	Was Hysteeta W. Coronin Ju	Seath is said
7. AGE Years Months	Oays	If LESS than	to have occurred on the data stated above, at 8.15Pm.	
15 9	15	I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,			100 as 1000s.	Date of onset
SAWYER, BOOKKEEPER, etc.	Student			
9. Industry or business in which work was done, as SILK MILL,			Gun Shot Wound In Left Chest	
SAW MILL, BANK, etc	11. Total ti	me (years)	through teast	
this occupation (month and year)	speп	tin this pation	0	
12. BIRTHPLACE (city or town) Matyle	nd		Other Contributory Causes of Importance:	
(State or country)	AA04			
13. NAME Wm. J. Walker				
13. NAME Wm. J. Walker 14. BIRTHPLACE (city or town). Ma	aryland		Name of operation NONE Date of	
(State of country)			What test confirmed diagnosis? No Was there an	autopsy? No
15. MAIDEN NAME Lillie E. 16. BIRTHPLACE (city or town) Maryl (State or country)		75-1	23. If death was due to axtarnal causes (VIOL ENCE) fill in also the following	ig:
[16. BIRTHPLACE (city or town) Maryl	and		Accident, suicide, or homicide? Suicide Data of injury Feb	.23 19 31
(Stata of Country)			Where did injury occur? (Specify city or town, county and St	
Wm. J. Walker,		·1/2	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
(Address) W. Fifth St.,	Frederick	., IMO.	Home	
18. BURIAL, CREMATION, OR REMOVAL Place Fairview Com. Free	d. on Feb.	26. 131	Manner of injury	
M. R. Etchison		. N. M	Nature of injury	No
19. UNOERTAKER - Trederick Md-			24. Was diseasa or injury In any way related to occupation of deceased?	
(Address)	1 /-	00 1	If so, specify (Signed) USOUTH	2 * 0
20. FILED 24 - Filey, 1991 800	ux m	Registrar.	(Address) Judiuck MA	
If more	blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I E	01	Example II	
The principal cause of death and related causes of importance were as follows MAP 6 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephratis BUREAU V S	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No.	31
--------------------	-----	----

(If death occurred in

2 FULL NAME Elith Weisho	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale. White Single, Married. Sex 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jef. 75 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jeb. $\frac{193}{\text{(Month)}}$, $\frac{193}{\text{(Year)}}$	that I last saw halive on, 192,
7 AGE If LESS that	n and that death occurred on the date stated above, at
I dayhre	
yrsds. ormin.	C A O O
(a) Trade, profession or	Sull voine.
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrs mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF My Bernard Weishary	(Signed) (Signed) M. D.
M 11 BIRTHPLACE	tel 13 1931 (Address) Frederil lud
(State or country) Went on town Courd, C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Miss Edna Gobreght	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER WON Town.	At place In the
(State or country) carroll. Co. ma	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Bernard Weishaar	Former or usual residence
(Address) (Alay) www.kap	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
15 - Feb / 5 - 1003/ h & mul	20 UNDERTAKER MA MANAGERS

If more blanks are needed, address Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. No. 1

203

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House loborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specification as *Doy* Spinner, (b) Cotton mill; (a) Solesman. (b) should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a OF. yrs. Farm loborer, At Home, and children, For persons (b) Automobile factory. The material Laborer—Coal minc, etc. who have no occupation single word or term on not gainfully em-The ques-Grocery; Wom-

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Meusles (disease use of "Tumor" for malignant neoplasms); Measles (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or mistarriage as can be ascertained as the cause. Alwayswqualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perdonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY interstitial nephritis, cough; Committee on Nomenclature of the Chronic Carcinoma, Sorcoma, etc., of etc. The valvular heort disease contributory

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS 3 SEX	
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH SEPT. 29 (Month) (Day) 7 AGE 8 LL yrs. 4 nros. 20 ds. or	rs
Fernale While MARRIED, Fields WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH Sept. 29 (Month) (Day) 7 AGE 84 yrs. 4 mos. 20 ds. or	ro
7 AGE 84 yrs. 4 mos. 20 ds. or	
7 AGE Styrs. 4 mos. 20 ds. or	111
84 yrs. 4 mos. 26 ds. or	ear)
	br
9 BIRTHPLACE (Ntate or country) Md	
10 NAME OF FATHER Thomas Cook 11 BIRTHPLACE OF FATHER (State or country) Of State of Country)	
(State or country) 12 MAIDEN NAME France's Eq. arnold	,
13 BIRTHPLACE OF MOTHER (State or country)	
(Informant) Miss Etta Mulmon	

STATE	OF	MARY	LAND
CERTIFI	CATE	OF	DEATH

Registration Dist. No. / 8/

St.: Ward)

01890

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Feb., 20, 1931
(Month) (Day) (Year)
17 JEB PEREBY CERTIFY, That Fattended the decessed from 1921. to JEB 20 , 1921
that I last saw h ex alive nn File 19 , 1981
and that death occurred on the date stated above, at 3,300 m
The CAUSE OF DEATH * was as follows:
In fluenza
In fluenza
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Duration) 5 yrs. 6 mos 22 ds
Contributory Secondary
(Signed) Oris T3. Hono M. D. Frb. 20 1921 (Address) Aberty rozow
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
ients or Recent Residents)
At place of death yrs mos. ds. State Light mos ds
Where was disease contracted, if not at place of dea.h?
Former or usual residence
Sibrily town, Md Frb 23, 1931
20 UNDERTAKER Carly producest

If more blanks are needed, addre a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (For or given up on account of the DISEASE CAUSING DEATH Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a yr8 . Farm loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the single word or term on not gainfully em-(6) Grocery;

Strument of Cause of Death—Name, first, the DISE BALE CAUSING DEATH (the primary affection with respect to time and cause tion), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar meumonia, Bronchopneumonia ("Pneumonia,")

mapproved by Committee on tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can he ascertained as the cause. Always quality all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troin "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinioma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular Example: Measles (disease etc. The affection need Nomenclature heart disease contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TRE

	or- or- A-	STATE OF MA	RYLAND-	CERTIFICATE OF DEAT	H 01891
	infor- state UPA-	1. PLACE OF DEATH		(92-0)	12
)	should f OCC	County Frederick.		Registration Dist	i. No. /2/
/	shor of O	Village or City Caharlesve		No. Charles atte	St., Ward
	P 00 T	Length of residence in city or town where death occurred.		death occurred in a hospital or institution, give its NAME ins ds. How long in U.S. if of foreign birth?	
	Sver IAN mer	2. FULL NAME Elijah Sta	iner Dir	nmerman!	
-	CORD. Every PHYSICIANS ict statement	(a) Residence: No. V. ear Charles	swille	St. Ward.	
U		(Usual p	lace of abode)	If nonresident give	city or town and State
	RECC PH Exact	PERSONAL AND STATISTICAL PAR 3. SEX 4. COLOR OR RACE 5. SINGLE 8		MEDICAL CERTIFICATE O	FDEATH
	T. K.	Manual OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH Feb	16 1931
ZG	T L ed.	5e. If merried, widowed, or divorced	ngle	(Month)	(Oey) (Yeer)
DIA	ANE:	HUSBANO of (or) WIFE of	_	22. HEREBY CERTIFY.	Thet attended deceesed from
Z	RM X cla	. 1/	~ ~ ~	fer 10 15 d to fer	-UR 18/ 190
B	PE E rly	6. DATE OF BIRTH (month, dey, end year) Moar 5 7. AGE Yeers Months Days	If LESS then	to heve occurred on the date steted ebove, et 6-45	, 19; deeth is sel
OR	IS A PE stated E properly ertificate	71 71 11 11	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of	
E.	st st pr			Were as Tollows:	Oate of onset
日日	HII be	8. Trade, profession, or perticular kind of work done, as SPINNER Carfue SAWYER, BOOKKEEPER, etc.	nles	Allum All	7 Octor
RV	K—T nould may back	9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc		Ame Jawa	maria
SE	Sh sh	10. Dete deceased last worked et Afrel 11. To	tel time (yeers) spent in this 34	that Durhand	- 10
RE	G I GE hat	year)	spent in this 35°	Other Contributory Causes of Importence	
	NFADING plied. AG rms, so the	12. BIRTHPLACE (city or town) Frederich	60	Bland Nemm	egel 6
RGIN	FAI ied. ns, stru	(State or country) Mooryfand	•	Comme 17	1 par
V	F		man		, pr
M	H U	4. BIRTHELACE (city or town) Magnetan	d/	Name of operation	
	WIT efully in pla ant.		neburo	Whet test confirmed diegnosis?	
U		16. BIRTHPLACE (city or town) Frederice	460.	Accident, suicide, or homicide? Oate	
	AINLY, ld be can DEATH y import	(State or country) Marylana		Where did injury occur?	
	ADDV	17. INFORMANT More Joseph Man	rts	(Specify city or town Specify whether Injury occurred in INOUSTRY, in HOME,	or in PUBLIC PLACE.
	E PLA should OF D		195,5:60	•	
		WANTH MOUNT & CORD	6 18 ,1931	Manner of injury	
	-WRITE PL mation shoul CAUSE OF TION is ver	079 000 000		Nature of injury	1. 11
10.1	TCH	19. UNDERTAKER CHOMAS C. S. (Address) A Frederich Moo		24. Wes diseese or injury in eny way related to occupetion If so, specify	P MA
in	m M	20. FILED I F- Felly 193/ Joan Mile	leusly	(Signed) Thurth A	14 / M. r
N/	7		Registfar.	(Address) freship	MIL
		If more blanks are neede	d. address State Kevistrar.	2471 N. Charles Street Ballimore Requestion T. S. No .	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.—Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		8		
ther contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3. Heages

BURE